TAL BUREAU OF INVESTIGATION ON UNITE STATES DEPARTMENT OF JUSTICE

### APPLICATION FOR APPOINTMENT

	TO HOU	ión
	REC	
 • , .	} KEI	DERAL BUREAU OF INVESTIGATION, Columbia, Mo.
	· <b>(</b>	United States Department of Justice, Washington, D. C. March 25 1941
Æ '-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
. ~	•	Special Agent (Law Trained)
Ç	ir:	Special Agent (Accountant) **  Special Employee **  **
· · · ·	- P	a latenographer "
-		Log make application for appointment to the position.
		d by check mark, in the Federal Bureau of Investigation, Translator
<i>J.</i> \	Jnited	States Department of Justice, and for your use in this
C	onnect	on submit the following information:
4 -		Student Fingerprint Classifier
	1	(This analtantian should be transmitten if normible) (Indicate by check)
*		(This application should be typewritten if possible) (Indicate by check)
	-	$D_{n}$
	1.	Name in full (please print) Bland James Field (Middle name) (Middle name)
-		(Lamin) imme) (Q1600 mme)
. •		(a) Female applicants must furnish maiden name
		V. sus Cety
	2.	Legal residence Gower, Missouri Kansas City
	1	Lausas Citing
~ ~	3.	Mail and telegraphic address 1316 Anthony Golumbia, Mchone No. 4835
	1	
	4.	Complete date May 6, 1917 Weight 170 Height 5: 9717 (Color White Without Shoot)
71	<b>3</b> . (	(Without Shoes)
į	5.	Place of birth Gover, Missouri
4	3	
10 th E	6	(a) Father's name W.A. Bland (b) Father's birthplace GOWER, MISSOURI
*	<b>,</b>	Oder Aller MW (c) Present address Gower, Missouri
a .		
-	7.	(a) Mother's maiden name Linnie Field (b) Mother's birthplace Gower, Missouri
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(c) Present addres Gower, Missouri
-	ا ۾	If you were not born in United States, how long have you lived here?
		II Jou Hoto 100 both in Ontoo botton, non tong more Jou area acres annual annua
* **	9.	Are you a citizen of the United States? Yes.
,	1	
~	10	If naturalized, date and place of naturalization 67-260-416
. *	1	Postody - Paring
	11	Are you single, married, widowed, separated, or divorced Single relies 200 200 1
γ. •	1	ADD (Specific)
	12.	If your husband (or wife) is employed, state where employed 1111 20 1014
2		and the state of t
	13.	Number of children, if any None FDERAL BUREAU OF INVESTIGATION
AR E	1 -0.	
<b>A</b> .	14.	Are you entirely dependent on your salary? Am a student at the present time.
1	}	A man and the second se
Post	15.	To what extent are you financially indebted to others and to whom? None.
4	1 1	G. ()
3 en	$\nabla$	
t. ~	1	•

See details on zoparato description sheets which will be furnished on request

<sup>\*</sup>Specify exact title of position sought as Laboratory Technician.

<sup>\*\*</sup>Positions of Special Agent (Law Trained), Special Agent (Accountant),
Laboratory Technician, Special Employee, and Messenger for male applicants on

	- T	الدر ومحت	
16.	Education:	(Please	orint.)

16. Education: (1	Please print.)				
	NAME AND LOCATION OF SCHOOL	FROM-	10-	Courses Pur Diplomas Degrees Receiver	OB The second
(a) Elementary	GowerGrade School -Gower, Missouri	1923	1931		
(b) High school equivalent.	Name Gower High School Address Gower, Missouri	1931	.i,935		
-	:			ู้ อาครุ่	3-7
(c) College or technical	Name Westminster College Address Fulton, Missouri	1935	1937 🐕	<u> </u>	
	University of Mo. Columbia, Missouri	1937 1938	1939 1941	A.B.de	greë 🥇
Foreign Languages (d) Give degree of proficiency as		- ۵۰ او کا چه که کا کا چه چه چه چه چه په په		At end school:	of this
to speaking, reading writing			() Jeganan		
*************************					
e) Miscellaneous	4			1	
	~ \ .	1	( · )		
17. Give names of	clubs, societies, and other similar or	ganizations.	of which yo	u are a me	mber:
Beta Theta Pi	social fraternity:	Phi De <b>l</b> t	a Phil	Law frat	erni ty
	* -				
* (		****	inton	1 + c + c)	· 414
in June, 1941	en admitted to the Bar, if so s			1	
19. Describe any	y physical defects, including ex	tent of de	fective vi	sion, if a	ny
None, that kn	now of	***************************************			
				f.	t kg
20. Health record	for the past 3 years (give number	of days and	nature of	serious il	lness):
	vith broken ribs about 15				

<sup>\*</sup> Applicants for Laboratory Technician positions should list in detail scientific courses pursued, using an insert if necessary and give title of any Master's or Doctor's Thesis prepared.

None.  26. What is the lowest entrance salary you will accept?\$3,200.  27. Are you in a position to accept probationary employment at any time, without provious notice, and, if notice is required, how much? Yes, after July 15, 1941. Am. enrolled in lest semester of U. of Mo. law school, planning to take ber exam to the event of appointment will you be willing to proceed to Washington, D.C., upon 10 days notice and at your own expense? Yes, after July, 15, 1941.  29. If appointed are you willing and prepared to accept assignment or transfer to any part of the United States where services are required, for either temporary or permanent duration? Yes:  30. Attach unacounted full face photograph not larger than 3 by 44 inches. Write your name plainly graph to be taken not more than 30 days prior to date of application to the conscilered complete; if such photograph not furnished.)  Respectfully,  Note.—If the applicant desires to make any further remarks or statements in accordance with the original questions.  Note.—If the applicant desires to make any further remarks or statements in accordance with the original questions.  Note.—In the applicant desires to make any further remarks or statements in accordance with the original questions.  Note.—If the applicant desires to make any further remarks or statements in accordance with the original questions.  Note.—If the applicant desires to make any further remarks or statements in accordance with the original questions.  Respectfully,  Respectfully,  Application in the Federal Bureau of Investigation, U.S. Department of June and State (or Territory or District) of Months and the supplication of the constitution of the constitutio		
26. What is the lowest entrance salary you will accept? \$3,200.  27. Are you in a position to accept probationary employment at any time, without previous notice, and, if notice is required, how much? Yes, after July 15, 1941.  28. In the event of appointment will you be willing to proceed to Washington, D.C., upon 10 days' notice and at your own expense? Yes, after July 15, 1941.  29. If appointed are you willing and prepared to accept assignment or transfer to any part of the United States where services are required, for either temporary or permanent duration? Yes.  30. Attach unmounted full face photograph not larger than 3 by 41 inches. Write your name plainly traph to be taken not more than 30 days prior to date of application of the considered complete if such photograph not furnished.)  Respectfully,  Note—If the applicant desires to make any further remarks or statement concerning his qualifications or in answer to any question contained in the application, the same should be made on a separate sheet of paper, numbering the remarks. In accordance with the original questions.  Note—The following first must be subscribed to by all applicants for positions in the Federal Bureau of Investigation, U.S. Department of Justice.  Subscribed and duly sworn to before me by the above-named applicant, this a day of Monacle 1941., at city (or town) of and State (or Territory or District) of Monacle 1941.  (Deficient impression seal)  (Deficient impression seal)		
26. What is the lowest entrance salary you will accept?		·
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29. If appointed are you willing and prepared to accept assignment or transfer to any part of the United States where services are required, for either temporary or permanent duration? Yes:  30. Attach unmounted full face photograph not larger than 3 by 4½ inches. Write your name plainly graph to be taken not more than 30 days prior to date of application. bt be considered complete; if such photograph not furnished.)  Respectfully,  Nore—If the applicant desires to make any further remarks or statements concerning his qualifications or in answer to any question contained in the application, the same should be made on a separate sheet of paper, numbering the remarks in accordance with the original questions.  Nore—The following jurat must be subscribed to by all applicants for positions in the Federal Bureau of Investigation, U.S. Department of Justice.  Subscribed and duly sworn to before me by the above-named applicant, this day of the concerning and State (or Territory or District) of meantains and state (or Territory or Distric	last semester of U. of Mo. law school, planning to take	bar exam Ti
United States where services are required, for either temporary or permanent duration? Yes.  30. Attach unmounted full face photograph not larger than 3 by 41 inches. Write your name plainly graph to be taken not more than 30 days prior to date of application. of the considered complete; if such photograph not furnished.)  Respectfully,  Note.—If the applicant desires to make any further remarks or statement concerning his qualifications or in answer to any question contained in the application, the same should be made on a separate sheet of paper, numbering the remarks in accordance with the original questions.  Note.—The following jurat must be subscribed to by all applicants for positions in the Federal Bureau of Investigation, U.S. Department of Justice.  Subscribed and duly sworn to before me by the above-named applicant, this aday of the control of the contr	notice and at your own expense? Yes, after July, 15, 1941	
Respectfully,  Note.—If the applicant desires to make any further remarks or statements concerning his qualifications or in answer to any question contained in the application, the same should be made on a separate sheet of paper, numbering the remarks in accordance with the original questions.  Note.—The following jurat must be subscribed to by all applicants for positions in the Federal Bureau of Investigation, U.S. Department of Justice.  Subscribed and duly sworn to before me by the above-named applicant, this day of Monacla 1941, at city (or town) of Calambar of Justice.  July 1941, at city (or town) of Calambar of Monacla 1941, and State (or Territory or District) of Monacla 1941,	29. If appointed are you willing and prepared to accept assignment or transfer to	any part of the
Respectfully,  Note.—If the applicant desires to make any further remarks or statements concerning his qualifications or in answer to any question contained in the application, the same should be made on a separate sheet of paper, numbering the remarks in accordance with the original questions.  Note.—The following jurat must be subscribed to by all applicants for positions in the Federal Bureau of Investigation, U.S. Department of Justice.  Subscribed and duly sworn to before me by the above-named applicant, this day of March., 1941., at city (or town) of Communication, and State (or Territory or District) of March., county of Communications.	United States where services are required, for either temporary or permanent duration?	Yes:
Note.—If the applicant desires to make any further remarks or statements concerning his qualifications or in answer to any question contained in the application, the same should be made on a separate sheet of paper, numbering the remarks in accordance with the original questions.  Note.—The following jurat must be subscribed to by all applicants for positions in the Federal Bureau of Investigation, U.S. Department of Justice.  Subscribed and duly sworn to before me by the above-named applicant, this day of Monday and State (or Territory or District) of Monday and State (or Territory	graph to be taken not more than 30 days prior to date of a	pplication.
concerning his qualifications or in answer to any question contained in the application, the same should be made on a separate sheet of paper, numbering the remarks in accordance with the original questions.  Note.—The following jurat must be subscribed to by all applicants for positions in the Federal Bureau of Investigation, U.S. Department of Justice.  Subscribed and duly sworn to before me by the above-named applicant, this day of Monch and State (or town) of Colombia (or Territory or District) of Monch and State (or T	James F.	Black
Subscribed and duly sworn to before me by the above-named applicant, this 25 day of March, 1941, at city (or town) of Sumble county of Action and State (or Territory or District) of March (or Territory or District) of March (or Territory or District)  [OFFICIAL IMPRESSION SEAL]    10   10   10   10   10   10   10   1	concerning his qualifications or in answer to any question contain tion, the same should be made on a separate sheet of paper, number in accordance with the original questions.	ned in the applications and the remarks.
of March, 1941, at city (or town) of Shandline county of March (or Territory or District) of March (or	Note.—The following jurat must be subscribed to by all applicants for positions in the Federal I gation, U.S. Department of Justice.	ureau of Investi
and State (or Territory or District) of Manager of State (or Territory o	Subscribed and duly sworn to before me by the above-named applicant, this	day
and State (or Territory or District) of Manager of State (or Territory o	of Mountly 1941 at city (or town) of IC Pro	, acint
[OFFICIAL IMPRESSION SEAL] b7c	$\sim$ $\sim$ $\sim$	
[OFFICIAL IMPRESSION SEAL] b7c	and State (or Territory or District) of Muse	<u> </u>
[OFFICIAL IMPRESSION SEAL] b7c		
[OFFICIAL IMPRESSION SEAL] b7C	20 19300	71.
OFFICIAL IMPRESSION SEALS 570	b6 tolking or omes	
10.80 6. 18 UVI	OFFICIAL IMPRESSION SEAL	
THE UNIV	on an	{
Application will not be considered complete if above jurat not executed.	A E UM	ر المراقع المر
	The Pid La en Ll win	2

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21. Experience: (Please print.)

			,., <u></u>	·	
NAME AND ADDRESS OF EMPLOYER	POSITION KIND OF		FROM-	то	ANNUAL SALARY
Name Address	Have have	work not	ed summers	at odd jo any lengt	bs; but h of time
Name Address ,	Have	beer	in school chool in l	every wir	ter since
Name W. R. Kirk Address Gower. Mo.	Farm Work	V	Periodice	lly in sum	mers sinc
Name F. J. Wright X Address Gower, Mo.	Farm Work	V	1932.	líy in sum	الهو المقاد
Name Lon McKown . X . Address Gower, Mo.	Cafe.	V	Summers c	f 1937, an	d 1938
Name Carl Cummings Address Gower, Mo.	Cafe	***/	Summers o	f 1939	's Alberta
Name Harrison Nelson Address Gower, Mo.	Farm work	· · · V	Beriodica 1932.	lly in sum	mers since
Name Address			p .		
Name Address					

Specify:

24. Give five personal references (not relatives, former employers, fellow employees, or school teachers), more than 30 years of age, who are householders or property owners, business or professional men or women (including your family physician, if you have one) of good standing in the community; and who have known you well during the past 5 or more years. (Please print.)

0	NAME	b6 b7C	RESIDENCE ADDRESS	ı	Number of Years Acquainted	BUSINESS ADDRESS.
		<u>X</u>	Gower, Missouri	ν	16	Gower High School Gower, Missouri
2		]	Gover, Missouri	<b>V</b>	, 20 <u> </u>	Gower? Missouri
<u>,</u>		X	∠ Gower, Missouri	/	23	Farmers Bank Gower, Missouri
4			Gower, Missouri	. J	<u>.</u> .23	Gower, Missouri
5.	0::1		Gower, Missouri	/	23	Gower, Missouri

24 A. Give residence addresses for past five years.

GOWER, Missouri Beta Theta Pie Fra Hause Fullo, M.
1502 Rasemary, book Columbia, mo.
809. Roelins, book Columbia, mo.



BLAND,	JAMES	FIELD
•		IFCT)

67-200486

(FILE NO.)

ALL SERIALS, EXCEPT THOSE REMAINING IN FILE AND THOSE LISTED AS CHANGED ON THIS SHEET WERE "SKIPPED" OR WERE REMOVED FROM FILE AND DESTROYED IN ACCORDANCE WITH AUTHORITY CONTAINED IN

[X] FOLLOWING SERIALS WERE REMOVED FROM FILE AND DESTROYED IN ACCORDANCE WITH AUTHORITY CONTAINED IN

66-818-5388

2,11,12,13,15,16,17,18,19,21,22,23,24,25,26,27;28,29,30,31,32,33,34,35
36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,52,53,54,55,56,57,58,59,60
61,62,63,64,65,66,67,68,69,70,71,73,74,75,77,81,82,83,84,85,86,87,89,91
92,93,94,96,98,99,100,101,102,104,105,106,107,108,109,110,112,113,114,115
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136,137,138,139,141,143,144,146,147,148,149,151,152,154,155,157,160,161
162,163,164,165,166,168,170,171,172,174,175,177,178,179,182,183,184,185
186,187,188,190,191,192,193,194,195,196,197,198,199,200,201,203,204,206
208,211,214,216,217,219,223,225,227,228,230,232,236,237,238,239,240,244
245,246,247,248,253,254,256,261,262,264,267,268,269,273,275,276,277,278
279

(TAB CARD IN THE NUMBERING UNIT INDICATES ACTION TAKEN)

DATE 1-18-77

INITIALS \_\_\_\_ fah

BI/DOJ /

Federal Bureau of Investigation United States Department of Justice Washington, D. C.

(Place)

Dear Sir:

Director

Having filed an application for a position as Special Agent in the Federal Bureau of Investigation, United States Department of Justice, I hereby agree that in the event of an appointment I will be governed by the following conditions:

- Upon appointment and within ten days after receipt thereof, I shall be required to proceed at my own expense to Washington, D. C., where I will take the oath of office and enter on duty.
- 2. That said appointment will be on a probationary basis.
- 3. That my retention in the Bureau shall be dependent upon the performance of satisfactory services, and if my services are deemed unsatisfactory it is understood that my employment may be discontinued at any time and that I will not receive transportation to my nome or to any other point, at Government expense.
- That if appointed I may be sent to any part of the continentals of therritorial United States that the exigencies of the Bureau swork may require; that my headquarters may be fixed in some jurisdiction of then than that in which I have heretofore resided; that my headquarters may be changed as the work of the Bureau may require; and that no transfer will be made from one station to another for personal reasons.
- That the confidential character of the relations of the Cemployees of the Federal Bureau of Investigation with the public is fully understood by me, and that the strictly confidential character of any and all information secured by me, in connection directly or indirectly with my work as a Special Agent, or the work of other employees of which I may become cognizant, is fully understood by me, and that neither during my tenure of service with the Federal Bureau of Investigation nor at any other time will I violate this confidence, and I agree that I will not divulge any information of any kind or character whatsoever that may become known to me, to persons not officially entitled thereto.

I further agree that nothing connected with this certification is to be construed by me as an assurance that an appointment will be tendered me; that I fully understand all of the foregoing and that the conditions specified herein are agreeable to me; that if appointed I will abide by the foregoing conditions, and I am fully cognizant that the provisions mentioned above are to be complied with and they are to be regarded as a part of my appointment if it is subsequently tendered to me and accepted.

Subscribed and sworn to before me this

Very truly yours,

omer Fiell

A.D. 1941

Notary Public Commission Expired February 3. 1942 CC-74

PHYSICAL EXAM.

JAMES FIELD LELAND

ACK LO 1944

REPORTING

Routed. Recorder Checke 43
APR 11 1941
FEDERAL BUREAU OF:

Who IELL

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Form 2418 (Marci/1940)

# UNITO STATES CIVIL SERVICE COMIOSION

### CERTIFICATE OF MEDICAL EXAMINATION

(Authorized by Executive Order of September 4, 1924)

(Authorized by Excounted Order of Deptember 4,	101.)
APPLICANT MUST FILL IN DOTTED LINES BELOW TO HEAVY LINE	ROLLED PRINT, right forefinger
13 16 (Name) C C 1	(Print must be taken to identify person examined. Indelible or stamp pad should
(Post-office address);	be used)
(Date of birth)	
Spread, att Cally Joures Traines,	
F B Title of examination taken)	
(Department and bureau in which you are to be employed)	
1. Have you any physical defect or disease or disability whatsoever?	The state of the s
2. If answer is "yes" give details	
PHYSICIAN SHOULD, FILL IN THE FOLLOWING	
Which with a pounds.   Do pounds.   Male	es, with and without clothing; females, othed, but without wrap or hat.
10 be taken for males only upon special written request of the official ordering examination.  Items checked (√) were examined and found normal. Deviations from normal are not.	
numbered to correspond, with items below.)	(333 11131 43131 517 7550750 4220,
1. Eyes: Distant vision: Without glasses: Right: $\frac{20}{20}$ Left: $\frac{20}{20}$ With glasses i	f worn: Right: 20 Left: 20
Near vision: Jacque No   What is the longest and the shortest distance at which the following specimens of the standard by the applicant? If No 1 is read with account of the shortest distance at which the following specimens of the standard by the applicant?	Toomen No. 1 and Y
11 No. 1 is read with ease, No. 2 need not be given.	Test each eye separately.  With glasses, If used:
accidents among Federal employees, the heads of the several acceutive departments and independent establishments having a medical person- nel are directed to make another business results are medical person-	2 Cin. R. 4 in. t. 28 in.
and emproyees in the Federal classified service as may be requested by the Civil Service Commission or its authorized	o 2.5 in. L. 4. in. to 26 in With glasses, if used:
This order will supplement the Executive orders of May 29 and June 18, 1923 (Executive order, September 4, 1924).	n. R in. to in.
Evidence of disease or injury Right	
Color vision Method of testing color vision	rand
2. Ears: (Consider denominators indicated here as normal. Record as numerators the	e actual distance heard.) Ordinary
conversation: Right ear 20 Left ear 20 Evidence of disease or injury: Right ear 20 ft.	at ear Left ear Lo
3. Nose, sinus disease, etc	
4. Mouth and throat	
5. Gastro-intestinal	***************************************
6. Thyroid (especially in women)	
7. Heart and blood vessels	
Is organic heart disease present?	s it fully compensated?
History of tuberculosis?	
9. Hernia (If present, name variety: Inguinal, ventral, femoral, etc.; read definition on re	
if present, is it supported by a well-fitting truss?	verse octore answering)
10. Varicose veins	
Varicocele (see note 10 on reverse side)  Degree of impairment of function  Deformities, atrophies, and other abnormalities, diseases, or defects not include	
11. Feet: Is flat foot present? Degree of impairment of function	(None elight madanas
12. Deformities, atrophies, and other abnormalities, diseases, or defects not includ	led above
13. Scars of serious injury or disease R. Q. Scau - Ruptued a.  14. Nervous system (see note 14 on reverse side)	mender-age Jasa
14. Nervous system (see note 14 on reverse side)	
14. Nervous system (see note 14 on reverse side)	·····
15. (a) Urinalysis (see reverse side)	
16. Obtain from applicant statement of disabilities, past and present, give diagnosis and heading above or under "Remarks" on back of this sheet.	
<ol><li>Does Veterans Administration recognize service-connected disability in this case?</li></ol>	If "yes," cover in your comments.
(Yes or n This certificate is to be returned to the official of the U.S. Civil Service Commission	
	[OVER]

September 4, 1924, under which this examination s made, is to obtain information as to 🕏 The aim of the Executive order of the physical condition of appointees to the classified civil service with a view to promoting efficiency and minimizing accidents and claims under United States employees' compensation laws.

#### Notes for Examining Physician

Weight.—Males, without clothing, and also in ordinary clothing without overcoat or hat (weigh twice); females, clothed, but without wrap or hat. If overweight, state whether due to bone and muscle or to fat.

Hеіднт.—Without boots or shoes; observe that no appliances are used to increase. The examination should include the following observations:

- 1. Eyes.—Ptosis; discharge; corneal scar; pterygium. In recording distant vision consider 20 feet as normal and report all vision as a fraction with 20 feet as numerator and the smallest type read at 20 feet as denominator. If glasses are used, record for each eye the finding with and without glasses. Near vision must be reported. In testing vision without glasses the applicant or appointee should be instructed to remove the glasses at least one-half hour before testing uncorrected
- Ears.—Evidence of middle ear or mastoid disease; condition of drums; discharge. In recording hearing, record 20 feet as normal distance for conversational voice and record deviation from normal as fraction with 20 as denominator and actual distance as numerator.
- 3. Nose.—Ability to blow through each nostril. If free, a speculum examination would not be indicated.
- 4. Mouth and throat.—Missing teeth, pyorrhea; tonsils, hypertrophy or disease.
  - 5. Gastro-intestinal.—Ulcers, inflammations, etc.
- 6. Thyroid.—Presence, of tumor in neck and tremor, exophthalmos; nervous high-strung disposition, especially in women.

  7. Heart.—Murmurs. State whether functional or organic.

8. Lungs.—It is necessary that the auscultatory cough be used off tuberculosistis present; state whether active or arrested; if arrested, state your opinion as to how long it has been quiescent. Sputum to be examined for tubercle bacilli

in all suspected cases.

9. Hernia.—Give details as to size, location, etc., and whether well-fitting truss is worn. Inguinal hernia exists when ring is enlarged and on coughing visceral impulse is felt which follows the finger on withdrawal.

10. Varicocele.—If varicocele is present, state approximate

ze—e. g., size of walnut, lemon, etc.

11. Flat foot of such a nature as to incapacitate or become aggravated by work or be alleged later to have been caused by accident or occupation. By "flat foot," as used in this form, is meant a weak foot with impaired function, the term being equivalent to "fallen or misplaced arch," an abnormal condition. Impairment of function is the point to be noted. An

anatomically flat foot, but strong, is not disqualifying.

12 and 13. Scars, deformities, atrophies, and paralyses should be noted, but it is not important that small insignificant scars or blemishes which might be referred to as marks of identification be recorded.

14. This entry should include symptoms and full history of

any mental or nervous abnormality.

15. Urinalysis to:be made in case of persons over 40, and

It valvular disease exists, state whether or not it is fully compensated. Arteriosclerosis.	in all cases where arteriosclerosis, nephritis, or diabetes is suspected.
	men Sugar Casts
Blood pressure: Mm. Hg. systolic	Mm. Hg. diastolic
	Immediately after exercise Two minutes after
exerciseCardiac reserve(Good, fair, or p	***********
(Good, fair, or r	007)
I have found this applicant abnormal under the following he	adings:
In my opinion, applicant is capable of performing duties in	volvingphysical exertion.  (Arduous, moderate, or light)
AVAMANDO: ************************************	***************************************
	·····
and the second s	A (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
(Signature of applicant) X (TiA	space to be filled in sea matter of identification, by the applicant in own band
· (7)	(the nhveinien) b6
hele .	<b>\</b> b70
Colmoley MV The examinin	, M. D.
(Place of examination)  (Date of examination)  (Date of examination)  (Date of examination)  physician must be in the Federal service	(Title, and branch of Federal medical service)
	Full time? Part time? Fee paid?
The personnel officer should fill in the blanks below be	Coro conding this come to the Committee Committee
5 Posocially officer should the fit the busines below be.	ore sending this form to the Commission for action
To be appointed in	
To be appointed in(Department)	(Bureau)
Title of position	*
Type of appointment (check):   Original appointment	
Number of certificate upon which applicant's name appears (to be	

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Mr. Cray

FBI NYC

4-26-41

4-50 PM

TJH

DIRECTOR

JAMES FIELD BLAND SA APPLICNANT . SPECIAL AGNE ORVILLE R TALBRXXXX—
TALBURTT NY ADVISES HE MAY HAVE MET APPLICANT IN COLUMBIA MO

AT ONE

TIME, BUT DOES NO REMBER HIM, AND CAN GIVE NO RECOMMENDATION.

TALBURTT, ADVISES HE ONCE MET SEVERAL MEN AT EIGHT NAUGHT NINE ROLLINS

STREET COLUMBIA ON ONE OCCASION AND THAT APPLICANT MAY HAVE BEEN ONE

OF THOSE HE MET. HE ADVISES IT IS QUIETE THANK POSSIBLE THAT HE MAY

HAVE MET APPLICANT, BUT DOES NOT REMEMBER HIM.

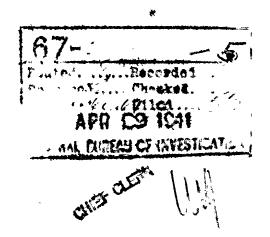
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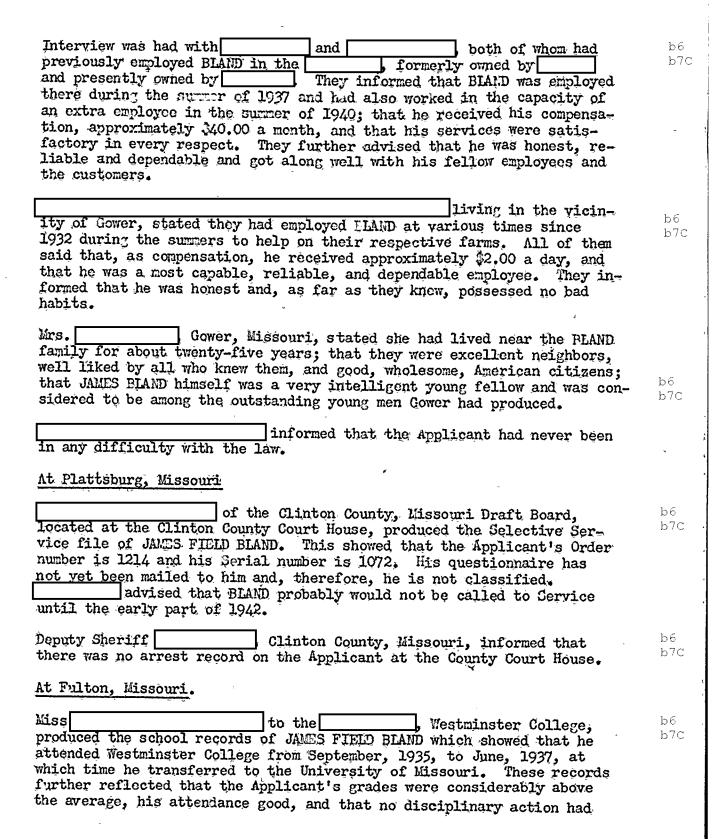
CHILLIAN TO THE LAND A



## FEDERAL BUREAU OF INVESTIGATION

FORM NO. 1 THIS CASE ORIGINATED AT BUREA	NU.	,	FILE NO.	67-2348
REPORT MADE AT	DATE WHEN MADE	PERIOD FOR WHICH MADE	REPORT MADE BY	
KANSAS CITY, MISSOURI	5/3/41		A. J. DICKINSON	.03
TIME			CHARACTER OF CASE	*
JAMES FIELD BLAND			APPLICANT - SPE	CIAL AGENT
			·	
1917; comple 1935. 1935, Missou and gr to Uni 1938, June, cord, Failed Neighb struct scient Good f Gower,	entered Gower, the general hid Attended West to June, 1937, ari, School of aduated with a versity of Mis and is due to 1941. Grades and no disciple Law-Mortgages fors, reference fors state he inious American amily backgroup Columbia, or	Missouri High the school course the school course the school course Transferred Arts and Scient an A.B. Degree to scouri, School graduate with above average, inary action to the school course as a loyal, indicatizen and en und. No credit	AND was born May of School August, 19 e, and graduated le from September, to University of ces, September, 19 June, 1939. Admit of Law, September, an LL.B. Degree in good attendance is aken against him. use of alcoholications, and conjoys a good reputation or arrest record ri. References st	931, May, 937, tted , n re- s. in- ation. at
dated.	April 21, 1941	. (67-200486). reau to Kansas	as City Field Divisi	
ETAILS OSLEGALET At Gow	757		b6 b7C	_
ETHITS: ANNE! WE TOM	er, wissouri	-		
		MES FIELD BLAND , place not lis	n School, produced which showed the sted. Entered Gov	at he ver
1		11/1/	TIP	Language of This
2 - Bureau 2 - Kansas City	RT CHIEF CLERK	1 01	7 15 19	A Maria de la companya dela companya dela companya dela companya dela companya de la companya de
	- # - #			
	*	100	(a) (b)	<del>-4</del>

High School in "ugust, 1931, completed a general high school course, and graduated in May, 1935. These records further reflected that his grades were considerably above the average, his attendance good, and that no disciplinary action had been taken against him. \_\_informed that BLAND had been one of the most outstanding students to graduate from b6 Gower High School in many years. While attaining a high scholastic averb7C age, BIAND, according to excelled in football, basket ball, and track and took part in several school plays. further advised that BIAND was honest and industrious, had an excellent family background, and was well liked by all who knew him. b6 at Gower High School, when interviewed, informed that b7C BLAND was a clean-cut youth, had been a star athlete in football, basket ball, and track, and had lived a clean life. He added that members of athletic teams on which BIAID participated looked up to him as a leader. He informed that JAMES BLAND would make this Bureau an excellent employee. b6 of the Farmers Bank, who was listed as a reference b7C by the Applicant, stated that he has known the BIAND family for over twenty years; that they are among the most highly respected people in the community; that JAMES BLAND has the reputation of being one of the outstanding young men in the town. He informed that, although JAMES BLAND had no financial dealings with the bank, his family had done its banking there for a considerable number of years and that their credit was perfectly sound and they were reliable in every way. He also advised that he had watched the Applicant develop over a number of years; that he had seen no finer young man ever produced in Gower. and both b7C listed as references, informed that they have lived in Gower all of their lives; that the BLAND family is one of the most stable and highly respected families in the community; that both Mr. and Mrs. BLAND were born in Gower and had lived there all of their lives; that Mr. BLAND is at present employed as the head cattle salesman for the Farmers Union Livestock Commission Company, St. Joseph, Missouri. They advised that JAMES BLAND possessed an excellent character and reputation, had high morals, and was a loyal American citizen; that he also possessed a pleasing personality and was liked by every one in the community. According to them, he would make a most excellent employee. They stated Applicant born at Gower, Missouri. b6 and an l who were also listed as references, informed that BIAND was a highly intelligent young man, was honest, industrious and conscientious and possessed no foreign sympathies; that the PIAND family was well established in Gower; that there were no finer people who lived there. They stated that they would unhesitatingly recommend him for any job for which he applied as they felt sure he possessed the necessary qualifications.



been taken against him. The Applicant's birthdate was the same as listed above, but there was no record of where he was born. b6 Westminster College, stated that BLAND b7C had been an outstanding student while enrolled at Mestminster College, was well liked by the student body and faculty and had appeared to be a young man of excellent family background and high morals. He stated that BLAND had been a member of Beta Theta Pi, social fraternity, and was also the recipient of a Westminster College honor scholarship which, he explained, was given only to those who graduated in the upper tenth of their high school classes. He valued these scholarships at approximately \$70.00 a year. at Westminster College, stated b6 that he was well acquainted with the Applicant and knew him to be an b7C individual of high character and morals and an excellent student. He informed that the Applicant's parents, Er. and Mrs. W. A. BLAND, had frequently visited in Fulton and appeared to be of the very highest type. According to BLAND would make the Bureau a satisfactory employee. There was no credit record of the Applicant at the Fulton Credit Burear; nor was there an arrest record on him at the Fulton Police Department. At Columbia, Missouri University of Missouri, produced b6 the University records on JAMES FIELD BLAND. These records showed that b7C he was admitted to the University of Missouri, School of arts and Sciences, September, 1937, as a transfer student from Westminster College and graduated with an A. B. Degree in June, 1939; that he entered the University of missouri, School of Law, September, 1938, and is due to graduate with an DL.B. Degree in June, 1941. According to these records, BLAND'S grades were considerably above the average in the School of Arts and Sciences and were slightly above the average in the School of Law. He was listed as having failed Law-Mortgages. His attendance was good and there was no disciplinary action taken against him. b6 University of Missouri, b7C after consulting L , advised that the Applicant was an active member of Phi Delta Phi, legal fraternity, and an inactive member of Beta Theta Pi, social fraternity. She explained that he had been a member of the latter fraternity at Westminster College and that it was not the custom at the University of Missouri for social fraternities to affiliate transfer students. b6 University of Missouri, Johool of Law, upon interb7C

* · · · · · · · · · · · · · · · · · · ·	-
view, stated that BIAND was fairly aggressive and self-reliant and had made grades in Law School slightly above the average. He informed that the Applicant was honest, industrious, and possessed an excellent reputation. According to	b6 b70
Professor University of Missouri, School of Law, said the Applicant had been a pupil of his and appeared to be an upstanding American citizen with no foreign inclinations. He further advised that he considered the Applicant an average student; that he had not appeared to be particularly aggressive in class, but that otherwise his work was more than satisfactory.	b6
sided at	b70 -
columbia, advised that the Applicant had resided in his apartment house at the above address since September, 1939; that he was a boy of high morals and good character, kept up with his studies, and was well-behaved in every way. He further informed that BLAND'S parents had frequently visited him and appeared to be people of the very highest type. He stated he would unquestionably recommend BLAND for any position for which he applied.	b6 b7C
Informed that he and BLAND had been classmates in the law School and that the Applicant was well liked and was looked upon by his associates as being an average student. He stated that BLAND was well rounded socially and was moderate in the use of alcoholics.  There was no credit record on the Applicant at the Columbia Gredit Fur-	b6 b70
eau; nor was there an arrest record on him at the Columbia Police be- partment.  At Jefferson City, Missouri	
of the Missouri State Supreme Court, was telephonically contacted and informed that JAMES FIELD BLAND had submitted an Application dated March 5, 1941, to take the Missouri State Bar examinations. He further advised that these examinations would be given June 23, 24, and 25, 1941.	b6 b70

REFERRED UPON COMPLETION TO THE OFFICE OF ORIGIN.

## FEDERAL BUREAU OF INVESTIGATION

NEW YORK CITY    Some continues of the c	Form No. 1 THIS CASE ORIGINATED AT BUREA	u -		NY FILE NO.	67 <b>-</b> 5370 FW
SYNOPSIS OF FACTS:  Special Agent Orville R. Talburtt not acquainted with applicant.  - RUC =  REFERENCE:  Bureau letter dated 4-21-41.  DETAILS:  Special Agent ORVILLE R. TALBURTT of the New York Field office advised that he may have met the applicant socially when he was in Missouri, but that he does not recall the name or the person.  'b advised that he had once casually known a man named   whose address was the same as the applicant's, and that he may have met the applicant at that address, but that he does not recall him, and consequently could give no recommendation.  - REFERRED UPON COMPLETION TO THE OFFICE OF CRIGIN -	•	1	PERIOD FOR WHICH MADE 4-26-41	REPORT MADE BY	b6 b7C
REFERENCE:  Bureau letter dated 4-21-41.  DETAILS:  Special Agent ORVILLE F. TALBURTT of the New York Field office advised that he may have met the applicant socially when he was in Missouri, but that he does not recall the name or the person.  He advised that he had once casually known a man named with applicant's, and that he may have met the applicant's, and that he may have met the applicant at that address was the same as the applicant at that address, but that he does not recall him, and consequently could give no recommendation.  - REFERRED UPON COMPLETION TO THE OFFICE OF ORIGIN -  PROFERRED UPON COMPLETION TO THE OFFICE OF ORIGIN -		FIELD BLAND	<del>and the state of </del>	1	TAL AGENT
DETAILS:  Special Agent ORVILLE F. TALBURTT  of the New York Field office advised that he may have met the applicant  socially when he was in Missouri, but that he does not recall the name or the person. He advised that he had once casually known a man named	SYNOPSIS OF FACTS:				
DETAILS:  Special Agent ORVILLE F. TALBURTT  of the New York Field office advised that he may have met the applicant socially when he was in Missouri, but that he does not recall the name or the person. He advised that he had once casually known a man named whose address was the same as the applicant is, and that he may have met the applicant at that address, but that he does not recall him, and consequently could give no recommendation.  - REFERRED UPON COMPLETION TO THE OFFICE OF ORIGIN -			- Ruc -	-	•
of the New York Field office advised that he may have met the applicant socially when he was in Nissouri, but that he does not recall the name or the person.  He advised that he had once casually known a man named whose address was the same as the applicant s, and that he may have met the applicant at that address, but that he does not recall him, and consequently could give no recommendation.  - Referred upon completion to the office of cricin -	REFERENÇE:	Bureau lette	r dated 4-21-4	l.	-
APPROVED AND COPIES OF THIS REPORT  2-3 ureau-	Details:	of the New Y that he may socially whe he does not a man named the same as have met the that he does	ork Field office have met the and he was in Mirecall the name hat he had once the applicant at the applicant at the recall hims.	ce advised oplicant ssouri, but that e or the personi e casually known hose address was s, and that he may that address, but m, and consequent	b7С
APPROVED AND CHESCAL AGENT DO NOT WRITE IN THESE SPACES IN CHARGE  COPIES OF THIS REPORT  2 2-Ture 314-1		•			
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DIRECTO	OR .

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### Rederal Bureau of Investigation

### United States Department of Justice

	Mashington, D. C. BRIEF OF INVESTIGATION May 28, 1941
DWF 67 <b>–</b> 200486	RE: JAMES FIELD BLAND Special Agent Applicant
Written Rating: 60% Oral " : 70% Composite " : 65%	Age: 24  Single  A.B University of Missouri  Will receive LL.B University of  June 1941  Missouri
EDUCATION	b6 b7С
Gower High School, Gower, Mo., 1931 - 1935	Records reflect applicant graduated with grades considerably above the average. advised that applicant had been one of the most outstanding studer
to graduate from the school is	many years, spoke favorably of applicant.
Westminister College, Fulton, Mo., 1935 - 1937	Records reflected applicant's grades were considerably above average. stated that applicant had been an outstanding student; that applicant was
recipient of an honor scholar tenth of their high school cl applicant.	ship which was given only to those who graduated in the upper asses. spoke favorably of
Univ. of Mo., Columbia, Mo., 1937 - 1939, A.B.; will recei LL.B. in June 1941	Records revealed applicant's grades were considerably above average in the School of Arts and Sciences and were slight above the average in the School of Law. Applicant was listed as having failed Law-Mortgages.
	plicant was fairly aggressive and self-reliant. Professor plicant had not appeared to be particularly aggressive in class.
EXPERIENCE	b7C.
all Gower, M	
Farm Work, periodically in su since 1932	b7C
Mo., summers 1937,1938,	wer, present 6wner, advised that applicant had also been employed as an extra employee in the summer of 1940; that his services were; that applicant got along well with his fellow employees and
the customers. b6 b7C b	10194
Mr. Mrs. Miss Mrs. Mrs.	(action desired)  Routed
Mrs.	Serialized ( ) (date stamp)

b6 b7C

b6 b7C

REFERENCES	
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<u> </u>	. Farmers
Bank,	rarmers
	, all Gower, Mo.

Speak favorably of applicant. Mr. advised that applicant's father is employed as the head cattle salesman for the Farmers Union Livestock Commission Company at St. Joseph.

> b6 b7C

MEMBER OF ORGANIZATIONS

Beta Theta Pi; Phi Delta Phi.

RELATIVES IN GOVERNMENT SERVICE

None.

MISCELLANEOUS

Neighborhood investigation

Favorable.

Born May 6, 1917, Gower, Mo.

Verified by school records. No un-American sympathies disclosed in investigation.

Languages

None.

Criminal Record

None.

Selective Service Act

Registered for draft, order #1214, serial #1072; questionnaire has not yet been mailed and applicant probably would not be called until the early part of 1942. Application shows order number as 1184 and approximate date of induction in the fall of 1941. Applicant does not intend to claim exemption and has a satisfactory attitude toward military service.

Acquainted with SA Orville R. Talburtt

Special Agent Talburtt advised that he may have met the applicant socially when he was in Missouri, but that he does not recall the name or the person and consequently could give no recommendation.

Personal interview with Interviewing Official Dwight Brantley Advised applicant presents a good personal appearance and approach, has an excellent personality, is self-confident, tactful, answers general questions quickly, appears to be

resourceful, to have executive ability and is likely to develop; however, applicant has not studied Federal Procedure, has had no investigative experience. Mr. Brantley advised applicant impressed him as being a substantial, small-town boy with a good appearance and approach, converses well, has a good personality, appears to be the type who would be able to take care of himself, has a good physique, and it is believed he is above the average in intelligence. Recommendation - favorable. Applicant cannot accept appointment until after July 15, 1941.

#### OUTSTANDING ENDORSERS

None:

Applicant's physical report dated April 7, 1941, shows vision as normal with and without glasses; color vision normal by Strands; and he is recommended for arduous physical exertion.

W.R. Glavin

## FEDERAL BUREAU OF INVESTIGATION

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orm No. 1 HIS CASE ORIGINATED AT	BUREAU	-	KC FILE NO. 67-	2348
REPORT MADE AT	DATE WHEN MADE	PERIOD FOR WHICH MADE	REPORT MADE BY	,
ansas city, misso	OURI 8/5/41	8/4/41		HD ·
me	<u> </u>	<del></del>	CHARACTER OF CASE	
JAMES FIELD	D. BT.ANTO	-	APPLICANT - SPECIAL	A CENTED
	(Casalo)		WITHOUNT - OFFICER	Y. GOÎNT
<del></del>		<u> </u>		
SYNOPSIS OF FACTS:	Annlicent ham Go	mron . Vi agousi	16m 6 707ff	-
•	LL.B. degree. Uni	versity of Mis	May 6, 1917; received souri, Columbia, June 1	<b>3</b> .
	1941. Selective	Service order	#1214. questionnaire	<i></i>
<b>56.</b>	executed, and on	May 29, 1941,	applicant received six	
	month deferment i	n class 2A. I	ocal Board states in al	.1
*	propability appli	cant will not	be called within six mo	nths.
	Father and mother	pom in 18 ccc	llent. No criminal recours. No un-American id	ord.
·	or sympathies evi	dent in applic	ant or family:	ಆಡು
	· • · • · • · • · • · • · • · • · • · •		The second of th	,
-	•		1 <b>b</b> 6	
4		R.U.C	• * b7C ,	•
1	1	•		œ
REFERENCE:	Report of Special	Agent	Kansas City,	*
*	Missouri, dated 5		mainais of o	•
- · ·	Teletype from Bur	eau dated 8/2/	41.	
	· · · · · · · · · · · · · · · · · · ·		b6 b7C	r*
DETAILS:	At Kongon City 1	4	B7C	~ 1
251 142 143 ¢	At Kansas City, M	LSSOUP L	•	-
4		1		ດນກຳ້.
1	Columbia, Missour	i, was telepho	nically contacted. He	informed
	that JAMES FIELD	BLAND graduate	d on June 13, 1941, and	received
*	an LL.B. degree a	s scheduled.	He stated applicant mai	ntained
	strightly above av	erage grades d	uring his final semeste otation of disciplinary	r at the
	taken against him	inere, was no, .n	ormed that applicant li	action
	to his expectation	ns of him.	ormed man appricant it	Λεά πρ
$\rightarrow$	V1120 10		416	
APPROVED AND	SPECIAL AGENT		E DO NOT WRITE IN THESE SPACES	<del></del>
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		SQ.	· M	

### At Plattsburg, Missouri

At the office of the Local Draft Board for Clinton County,	b6
Missouri,     nroduced his file	b7C
on the applicant and turned it over to the writer for review.	
Into the revealed that JAMES FIELD BLAND is single, was	
born in Gower, Clinton County, Missouri, on May 6, 1017.	
that his order number is 1214 and his serial number 1072. A	
questionnaire was mailed applicant on May 16, 79/7, and returned	
properly executed on May 22. 1941. At this time applicant	•
requested that induction be postponed until the end of the	
academic year, which was to end on June 13, 1941. He was	
accordingly given a six month deferment as is the practice of	1. 6
the Local Board and classed as 2A on May 20, 10/1	b6 b7C
stated that should BLAND be appointed by the Bureau and his	D/C
temporary deferment voided, he was quite sure he would not he	
inducted for at least six months. He stated his Roand was	
now in the six hundreds as the order numbers on, and it may be	
a year before the induction date of applicant.	
1 4 (	b6
of Clinton County, advised that	b7C
his office had no arrest record of the applicant.	
AT Comon 16 admins	
At Gower, Missouri	
	-
that applicant had magantle setup a	b6
that applicant had recently returned home from school at Columbia,	b70
dissouri, and had not been seen around the town very much during	
the past five or six years while attending college. She stated	
applicant was born on a farm just outside of town and that she had	
mown him practically all of his life. She said she could not say	
one thing against applicant's character, and stated that all of	
the BLAND family are 100 per cent American. She was sure applicant	-
is the type who could be trusted with any kind of confidential	*
- " " " " " " " " " " " " " " " " " " "	-
do Parimo de Anide anno de Cara	, ,
mily has plenty of money and yet he is well liked by the poor	b6
and rich boys in town alike. He stated the writer could stop	b70
myone on the street and he was sure none could be found to say	
a word against applicant. According to applicant was	
Some reare and during the applicant was	
some years ago during the summer months and was well liked by his fellow employees as well as the customers.	

advised that applicant was born on a farm just outside of the town and that his parents were both born in the town of Gower, Missouri. According to the applicant has never been involved in any scandal, he would prove to be a faithful employee of the Bureau, and comes from good, dependable and substantial people. She further stated he is 100 per cent American. who was drinking beer in the was interviewed. He stated applicant was highly regarded in town as a swell fellow. He stated applicant was "one boy who could stick his head up when he walks around town but doesn't." He said the applicant's people are considered rich, that he has had a college education but does not show off as some of the college boys do. | \_\_ said the best test he knew was the fact that all the youngsters in town liked applicant. He stated applicant drinks but knows when it is time to stop. He advised he had never seen or heard of him being drunk. of the in town, advised he had never heard one word against applicant. According to applicant will be a good employee for the F.B.I. as he is level-headed, conscientious, and can keep his "mouth closed" on matters entrusted to him. He said BLAND came from a family that is highly regarded in town. GORDON LAWSON, an old resident of the town, said he had known the applicant since he was born, and that he is a high-type young man. He said there was nothing crooked about him and that he seemed to be a hard worker. He said that anyone employing BLAND would not have any trouble with him as far as putting confidence in him. He informed that he was a very responsible and honest person and did not think long hours of overtime would make any difference to him if he wanted the job. Mrs. advised that her husband had been janitor of the high school for the past 21 years, and she never heard him mention one word about applicant. She said this was in applicant's favor. She stated BLAND was a very nice young man, that he had been home since June, 1941, when he graduated from the University, and that

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he has not been working this summer. She said he was a good, sober, young man, and was well liked in the town. She informed she was sure there was no trace of un-Americanism in the applicant or his family as all three were born in Clinton County, Missouri.

neighbors of the applicant, advised they had known the BLAND family for the past seven years as neighbors and had never had a bit of trouble with them. \_\_\_\_\_\_ informed he was sure the FBI would be making no mistake in employing the applicant as a Special Agent. He stated he was sure he had never been in any trouble in or around the town. According to \_\_\_\_\_ the applicant possesses no un-American ideas or sympathies.

There is no credit bureau in Gower, Missouri.

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REFERRED UPON COMPLETION TO OFFICE OF ORIGIN.





#### Rederal Bureau of Investigation

#### United States Department of Iustice

Washington, D. C.

的 67-200486 BRIEF OF SUPPLEMENTAL INVESTIGATION

August 7,1941

b7C

RE: JAMES FIELD BLAND
Special Agent Applicant

Written rating: 60% Oral ": 70% Composite ": 65% Age: 24 Single

A.B.-Univ. of Missouri LL.B.-Univ. of Missouri

Applicant was interviewed and examined April 4, 1941 for the position of Special Agent by Interviewing Official Dwight Brantley who recommended applicant favorably. A character and fitness investigation was conducted in this case which disclosed the following unfavorable information: Records of the University of Missouri reflect applicant failed Law-Mortgages. Applicant's name was place on the eligible list June 2, 1941. The following is a summary of the recent supplemental investigation conducted:

EDUCATION

Univ. of Mo., Columbia, Mo., 1937-1939, A.B.; LL.B. June 1941

, a dvised applicant received his LL.B. degree June 13,1941 and received slightly above average grades.

MISCELLANEOUS

Neighborhood investigation of applicant and relatives

Favorable.

Selective Service Act

Applicant's order number is 1214, serial number 1072, questionnaire was mailed and returned in

May 1941. He was given a six month deferment and classed 2 A on May 29, 1941 upon his request that he not be inducted until end of the academic year.

OUTSTANDING ENDORSERS

None

b6 b7C W. R. Glavin K

		Time the state of	
MrMrsMiss	(action desired)	Routed. 5.	(file number)
Mrs. Mrs.	ST 75986	Searched	(date stamp)
Og.	John Die	J. 9 25	(routing stamn)

Standard Form No. 47, Approved by the Bureau of the Budget May 15, 1941.

# PERSONNEL AFFIDAVIT

Department of Justice	F. B. I. Buréau or division)	Washir	gton D.C	
Name James F. Bland	Daread or division)	<b>الله</b> **م	)	
(Given name, initial o	r initials, if any, and last n	ame. Print or type)		
Section 9A of Public 252—76th Congress, Act," provides:	approved August 2,	1939, otherwise	known as the "Hatch	
"(1) It shall be unlawful for any person er whose compensation, or any part thereof, is paid to have membership in any political party or or of government in the United States.	d from funds authorize	ed or appropriated	by any Act of Congress,	,
"(2) Any person violating the provisions of held by him, and thereafter no part of the funds be used to pay the compensation of such person;	appropriated by any A			
It is provided in various appropriation act to pay the salary or wages of any person who advocates, the overthrow of the Government of davit shall be considered prima facie evidence and is not a member of an organization that ad States by force or violence. Such acts provid member of an organization that advocates, the force or violence and accepts employment, the priation, shall be guilty of a felony and, upon co for not more than 1 year, or both, and that the tion for, any other provisions of existing law.	advocates, or who of the United States that the person molyocates, the overthe further that any e overthrow of the salary or wages for principles of the salary or wages for the salary or salary be first that any or wages for the salary or wages f	is a member of s by force or vio aking the affida row of the Gove person who a Government of r which are paid ned not more tha	an organization that lence, and that an affi- vit does not advocate, ernment of the United dvocates, or who is a the United States by I from any such appro- n \$1,000 or imprisoned	: : : : : : :
* * * * * * * * * * * * * * * * * * * *	*,	*.	* *	ı
I, Black F. Black (or affirm) that I have read and underst throw of the Government of the United States by force or violence; and the United States by force or violence; and the Federal Government, I will not advocate organization that advocates the overthroor violence.	tand the foregoin States by force of tadvocates the or hat during such e nor become a n	g; that I do no c violence; tha verthrow of th time as I am nember of an	t I am not a member e Government of the an employee of the y political party or	
- /	0-	. 4	Bond	
	Jerne	(Signature of em	ployee)	•-
Subscribed and sworn to before me this at Mashington, O	day of (State)	ingust Ju	le 8-26-41:ac	, b6 b70
$\mathcal{O}$			>	
			10 10	•
[SEAL]		otary	Butter	_
U. S. GOVERNMEN	IT PRINTING OFFICE: 1940— O			•
(b)	MOT RECOR	المتلاقية		



LD



### FEDERAL BUREAU OF INVESTIGATION

Mr. Miss Mrs.	<b>€</b> €	James F. Dlam	d.	-		Date	Augus	ıt 9, 19	<u>a</u>
New	appointme	nt X	Transfer		Prom	otion _		Separat	ion
-			1	PRESENT	STAŢŲS				
1.	Title:			2.	Grade:				
ğ,	Salary:				Seat of Field:	Governme	ent:		
5.	Division:			6.	Approprie	ation:			
			P	ROPOSED	ACTION				
7.	Title:	Epocial Agen	t	8,	Grade:	CAF	9.		*
9.	Salary:	\$3200 per an \$5.00 per di	min and en	10.	Seat of Field:	Governm	ent:		÷
11:	Division:			12,	Appropri	ation:	"Coloric	es and Incidental Des	panses, FDI'
13.	Effective:	vitta entry o	n čuty.					•	•
15.	rata e	ondod for app f \$3200 per a vol and opera	nnum and C	s a Spec 5.00 per	dien ir	Identication I icu o	cal: ado CAF ( E subsidi	), viti :	brensferred, 6-1-41 calary at the describes
4				Respect	fully sub	mitted,		-,	- a
	cc: Chief	, Audit Secti	ion	Dir	octor <u>. F</u>	odorál	<u>Carcen of</u>		leation
, the state of the	Mr. Clerk Mr. Foxworth Mr. Foxworth Mr. Foxworth Mr. Clavin Mr. Nichols Mr. Resen Mr. Carson Mr. Carson Mr. Carson Mr. Drayton Mr. Hendon Mr. Hendon Mr. Trasy Miss Gandy	MA A FEDERAL	MARCATIONS OF A PLE ELIPER MANUELL DE SERVICE DE SERVIC	41 m					

James J. Bland

ORGONDED

67-200486-114 Bouted y. Recorded Searche 46 Num 46 SET 291941 FEDL 1108

Maj

31 1772 199



	RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS OF THE FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE
	Quantico, Va. Jegg Soptember 2. 194/ Place HISTORY
	Name James F. Bland Age 27 years, 4 months
	Nativity (state) Missouri Married, Single, Widowed: Single Children None
	Diseases, operations, or injuries previous to age of 15 (Give date and full description of each and examine carefully for evidence of sequelae.)
	apprelectory- age 3 / scar on right abdomen; Booken left le
	age 25; F(u; Measles; Whosping Cough-age 6 (923)
	Diseases, operations, or injuries subsequent to age 15 (Give date and full description of each and examine carefully for evidence of sequelae)  Broken rubs shoulder whate right side may 1939
4	Consilo 9 advisedo Sept. 1935+
Z	
3	Living? State of Health Collens
B.	Father ( Dead? Cause & age at death?
1	Mother (Living? <u>Als</u> State of Health <u>Coellant</u>
<b>O</b>	(Dead?Cause & age at death?
35	Number living None State of Health
$\hat{z}$	(Number dead Cause & age at death?
X	(Number living None State of Health Sisters (
17	Sisters (Number dead Morre Cause & age at death?
1	Has any member of family suffered from neurasthenia or insanity or been confined in any institution for the insane? Give relationship and full history of case.
	- Tho.
	Has any blood relative been an inmate of a penal institution or poorhouse? Give relationship and state reasons.
	Habits: Tobacco? Moderate Alcoholics? Social Drugs? None
1	Habits: Tobacco? Moderate Alcoholics? Social Drugs? None
1	Carres & Bland
	PRI 1 Signature of Candidate.

### PHYSICAL EXAMINATION

Eyes: Color? <u>Blue</u> Exophthalmos? <u>NO</u>	
Chronic inflammation? Nove Other abnormality? Name	
Eyelids: Ptosis? Condition of conjunctive on eversion? mormals	2
Other eye conditions?	
Vision: (Note: Each eye must be tested separately.)	
Does candidate wear glasses? Yes For what purpose? Lending	
Distant: Uncorrected vision of right eye? 20 Left eye? 20	
Corrected vision of right eye? 20 Left eye? 20  Near: Uncorrected vision of right eye? 20  Left eye? 20  20  20  20  20  20  20  20	
Near: Uncorrected vision of right eye? 20 Left eye? 20	
Corrected vision of right eye? 20 Left eye? 20	
Remarks:	
Color sense: Normal (Standard color plate test required)	
Ears: Abnormalities? Mr Evidence of mastoid or other disease:	
Condition of drums? Right_wormal_Left	
Hearing: (Note: When testing hearing, the eyes and the opposite ear must be closed:)	
Distance conversational speech can be heard:	
Right ear 70 feet. Left ear 70 feet.	
Distance whispered speech (Using residual air) can be heard:	•
Right ear 70 feet. Left ear 70 feet.	
(Note: Use tuning fork tests, Rinne, Weber & Schwabach, if indicated.)	
Right ear 20 Left ear 20	
Nose: Deflection of septum normal Polypi?	•
Chronic nasal disease? Mone Is candidate a mouth breather?	
Palate: Cleft or perforated? no Other conditions? now	
Fauces: Condition of tonsils? Memored - Pharynx?	~
	b6 b7C

Signature or examining specialist.

Height?_5_ feet	t, 8 inches. Weight, stripped	1?Pounds.
General appearanc	(Robust?	(White? (Colored? (Blonde?
· Skin: Diseases?		
Hair: Color:	Brand Thickness	
Glands: Enlargeme	nt:Other abnormali	ties
Head, Depressions		
Facial disfigurem	ent? Facial asymmetry	y?
Abnormalities of	speech?	No.
Neck: Goitre?	Other condition	tions? 4
Inspection	n_3847inches. Expiration_355 inches	Respiratory rate?
Lungs: Palpation:		
Percussion Auscultati		
• • •	nination:	
Heart: Palpation:	0/	
Percussion  Auscultati		
normal after two	· · ·	
Pulse rate	e: Sitting 9.0 After exerc	ise <u>3 3</u>
Condition	of heart after exercise: heather ssure, Systolic? 107 Diastolic?	<u> </u>
Blood pres	ssure, Systolic? 102 Diastolic?	Pulse pressure 7

Wndower:
Circumference at umbilicus? 3/2 Tenderness? none
Other abnormalities? Scar of appendactoms
Liver, percussion? normal Palpation? normal
Spleen, percussion? not Palpation? No ve l
Inguinal rings? Hernia?
Scrotum:
Varicocele? Hydrocele? Sarcocele Sarcocele
Testicles:
Induration? Atrophy?
Other conditions?
Penis:
Epispadias? Hypospadias?
Condition of prepuce?donereal diseases?
Anus:
Hemorrhoids? Fistulae? Fistulae?
Prolapse of bowel? Other conditions
Spine:
Tenderness? None Curvature? 200 1 mal
Reflexes:
Pupillary:Cremasteric:
Patellar: Babinski: Ankleclonus:
Upper Extremity:
Missing fingers? Contractures of hand? 2001e
Condition of joints? somalother conditions?
Lower Extremity:
Flat foot? Nove Bowed legs? Nove
Knock-knees? Varicose Veins? Varicose Veins?
· · · · · · · · · · · · · · · · · · ·

Hammer toes? Move Bunions?
Other abnormalities?
Agility:
Co-ordination of muscular movements?
Defects of gait?
Mental Condition? (Note: If indicated refer to specialist)
Temperature? 98,62
Has this person been successfully vaccinated within 5 years? 1939
Has this person had prophylactive typhoid inoculation? Date last taken
Urine: Colors luciusp. Gr.? / O// Albumin? N Sugar?
Reaction? Derd Shreds? Blood cells?
Pus cells? Casts? Epitheleal cells?
Blood: Red corpuscles per C.mm 1200 White corpuscles per C.mm
Differential count Wenter 68 Lymph 27 Mous 5
Blandetype O.
Blood serologic tests (syphilis): Wy Haemoglobin per cent:
Has candidate any of the following defects, viz: Cachexia, or apparent
predisposition to any constitutional diseases, permanent defects of either of the extremities or articulations, including defects of gait, flat foot, badly
bowed legs, knock-knees, unnatural curvature of the spine, impaired vision,
color-blindness, chronic diseases of the visual organs, epilepsy, insanity,
chronic diseases of the ears, deafness, chronic nasal disease, polypi, chronic ulcers or cicatrices of old ulcers likely to break out afresh, chronic cardiac
pulmonary or renal affections, insufficient chest expansion, hernia, sarcocele,
hydrocele, varicocele (unless slight), fistula in ano, hemorrhoids, varicose veins
on lower limbs (unless slight) stature less than 5 feet 4 inches, or more than
6 feet 2 inches, or any marked abnormality of speech or facial disfigurement?

Report of any special examination:

DENTAL EXAMINATION OF\_\_\_\_

Normal   Excessive   Class II	.1 .	GENERAL ORAL CONDITION	<b>,</b> ' '
Inflamed   Sewollon   Dispersive   Addity   Class II   Class III	MUCOUS MEMBRANE	SALIVA	CCLUSION
Swellen   Class III   Class	Normal	V Normal	Normal
Ulcerated   Septite			
Normal   Coating   Sinus   Tapering   Ovoid			
TONGUE    Normal   Square   Tapering   Tapering   Tapering   Tapering   Toyoid			Class III
Normal   Coating   Sinus   Tapering   Ovoid	Septic	Odor	,
Normal   Coating   Cryptle   Ulcerated   Enlarged   DENTAL DIAGNOSIS	. TONGUE		ARCH
Costing   Cryptic   Ulcerated   Enlarged   Throat.   DENTAL DIAGNOSIS	Normal	Glands	Square
Cryptic   Ulcerated   Throat			
DENTAL DIAGNOSIS  A Letter   C. Indead   D. October   D.		Sinus	
DENTAL DIAGNOSIS  A. Labid B. Lingual C. Indical D. Occincial E. Buccal C. Medical blaid E. Disco-blaid M. Medical-blaid M. Medical-blaid M. Medical-blaid M. Medical-blaid M. Medical-blaid M. Disco-clingual C. Disco-coclusal M. Disco-coclusal M. Disco-coclusal W. Disco-coclusal W. Disco-clingual W. Disco-clingual W. Disco-clingual W. Disco-clingual Conditions of appliances replacing teeth  Conditions of appliances replacing teeth  Remarks:  In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition  Date  One of the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition  Date  One of the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition		Thron	
DENTAL DIAGNOSIS  A. Labidal B. Morgal C. Incidal D. Occimal E. Buccal C. Models D. Moreis Singual N. Disc-biblid L. Disc-biblid L. Disc-biblid D. Disc-biblid L. Disc-biblid D. Disc-biblid D. Moreis-citized N. Meta-bilingual N. Disc-biblid D. Moreis-citized N. Disc-biblid D. Disc-bibl	<del></del>	1 III O 8 t	
X-ray No	B. Lingual C. Incisal D. Occlusal E. Buccal G. Mesial H. Distal E. Disto-labial L. Disto-labial M. Mesio-lingual N. Disto-lingual O. Mesio-incisal P. Disto-incisal R. Mesio-occlusal S. Disto-occlusal U. Lingual-occlusal V. Mesio-disto-occlusal	TRAPELLUMINATION )	
Conditions of appliances replacing teeth  Remarks:  In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition.  Date V. W. (Signature)	Reots O. Abscess ? Impacted	الساء الساء	On Centure Z Missing V Extraction Indicated
Conditions of appliances replacing teeth  Remarks:  In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition  Date V. W. (Signature)		S. C.	
Conditions of appliances replacing teeth  Remarks:  In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition  Date V. W. (Signature)	Gingival disease (indicat	e nature and extent)	
Conditions of appliances replacing teeth  Remarks:  In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition.  Date V. W.M. (Signature)			
Conditions of appliances replacing teeth  Remarks:  In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition.  Date V. W.M. (Signature)			
In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition.  Date V. (Signature)	Conditions of appliances	4	
In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition.  Date V. (Signature)	Remarks:	·	· · · · · · · · · · · · · · · · · · ·
In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition.  Date V. (Signature)	. ———		
In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition.  Date V. (Signature)	<del></del>		
In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition.  Date V. (Signature)	-	•	* * * * * * * * * * * * * * * * * * * *
medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition.  Date V. (Signature)			
Date V. My (   (Signature)   Dental Surgeon	medical examiner shall	1 record missing teeth, pros	sthetic replacements, b6
Date V. (Wight   Signature) Dental Surgeon	$\sim \alpha \sim \sqrt{\gamma}$		
Dental Surgeon	Date V. (U.A.)	(Signature)	
		Denta	il Surgeon

### Summary of Findings

(Summarize here all defects found.)

<del></del>	·
K	ecommendations:
1.	Is this man capable of strenuous moderate light
	or very lightphysical exertion. (Indicate which).
2.	Has this man any defect which would interfere with his participation in raids or other work connected with the detection and apprehension of criminals which might entail the practical use of firearms (Indicate YES or NO)
`Ro	emarks:

DIRECTOR

FEDERAL SUREAD OF INVESTIGATION Mr. Tolson Mr. E. A. Tamm.... U. S. DEPARTMENT OF JUSTICE Mr. Clegg ..... COMMUNICATIONS SECTION 264 Mr. Glavia JAN 15 1942 Mr. Ledd Mr. Nichols Mr. Tracy TELETYPE Mr. Rosen FBI NYC 1-15-42 8-43 PM Mr. Carson ..... Mr. Coffey ..... Mr. Hendon ..... .3[ r. Halioman ..... Mr. Quin Tamm .... DIRECTOR Mr. Neasc..... LIGHT. RETEL. SPECIAL AGENT JAMES F BLAND PLACED IN CLASSIFICATION IN SEEXX SELECTIVE SERVICE DRAFT UNTIL NEXX NOV TWENTY NINE NINETEEN NOT YET NOTIFIED OF RECLASSIFICATION. LOCAL BOARD FORTY ONE. b6 b7C ADDRESS CLINTON COUNTY PLATTSBURG, MISSOURI. SPECIAL AGENT WILLIS S TURNER NOT YET CLASSIFIED. ORDER NUMBER TWO SEVEN NINE SEVEN. LOCAL BOARD NUMBER ONE WAKE COUNTY. CHAIRMAN NOT FRANCE RALEIGH BUILDING, RALEIGH, NORTH CAROLINA. KNOWN. SPECIAL AGENT PLACED IN CLASIFICATION THREE A. LOCAL BOARD NUMBER ONE TWENTY ONE, ADDRESS TWO FOUR TWO FOUR JEROME SPECIAL AGENT b7C AVE. BRONX COUNTY, NEW YORK. CHAIRMAN W W COCHRANE NOT YET CLASSIFIED. ASKED FOR DEFERREE CLASSIFICATION DUE TO DEPE NDENTS. BUREAU ASKED FOR OCCUPATIONAL DEFERMENT IN HIS CASE. LOCAL BOARD NUMBER SEVEN, ADBRESS TIVOLI THEATRE BUILDING FOURTEENTH b6 STREET NORTHWEST, WASHINGTON, D.C. NAME OF C b7C NOT YET CLASSIFIED. LOCAL BOAR SIX, ADDRESS TWO SIXTY EAST SEVENTH STREE CHAIRMAN FOXWORTH AHP

OK 8-47 PM FBI WASH DC JC

## September 18, 1943 PERSONAL AND CONFIDENTIAL

Mr. James F. Bland Federal Bureau of Investigation 234 U. S. Court House Foley Square New York 7, New York

Dear Mr. Bland:

The Bureau is in receipt of the report of the physical examination afforded you at the United States raval mospital, Bethesda, Laryland, on August 30, 1943.

This report reflects the following physical defects:

The Board of Examining Physicians makes the following recommendations:

Inoculation for tetanus. Typhoid booster.

Mr.	Tolson		
Mr.	E. A. Tamm_	It reports that you are capable of performing	
Mr.	Clegg	and nave no physical dollars and nave no physical dollars	
Mr.	Coffey	that would interfere with your participation in raids or	
Mr.	Glavin	other work involving the practical use of firearms.	
Mr.	Ladd		
Mr.	Nichols	For your information, it was determined during this	
Mr.	Rosen	examination that your blood is International Type"O"	. ن
Mr.	Tracy	examination that your brook and	51
Mŗ.	Acers	Sincerely yours,	<del></del> , •
Mr.	Carson		
	Harbo COM	MUNICATIONS SECTION / E. Moover &	
	Hendon Com	MUNICATIONS SECTION	
		MAILED 2	
	Starke	270 18 1943 P.M.	
Mr.	Quinn Tamm	CCSEPAT Close John Edgar Hoover	
	Nease	CC: SAC light Sorten Director	
Mis	s Gandy FE	U. S. DEPARTMENT OF JUSTICE	
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CC-270

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

NAME James F. Bland AGE 26 YEARS, 4 MONTHS	
NATIVITY(state of birth)Missouri MARRIED, SINGLE, WIDOWED Married NUMBER OF C	HILDREN None
FAMILY HISTORY None	
HISTORY OF ILLNESS OR INJURY Appendicitis when 22 years of age. Broken ribs and	shoulder
blade in 1939. Tonsils out 1935. Broken leg when 3 yrs. of age. (one day sick	leave)
TO LO TAKE	
HEAD AND FACE  EYES: PUPILS (size, shape, reaction to light and distance, etc.) 3-4 ml a day	
DISTANT VISION RT. 20/20 , corrected to 20/	
LT. 20/20 , corrected to 20/	•
COLOR PERCEPTION Normal	
(state edition of Stilling's plates or Lamps used)	
DISEASE OR ANATOMICAL DEFECTS	7 <u>1</u> 5'C
EARS: HEARING RT. WHISPERED VOICE 15 /15' CONVERSATIONAL SPEECH	· · · · · · · · · · · · · · · · · · ·
LT. WHISPERED VOICE 15 /15' CONVERSATIONAL SPEECE	1
DISEASE OR DEFECTS None None	<del></del>
NOSE NONE (Disease or anatomical defect, obstruction, etc. State de	zree)
SINUSES None	,
TONGUE, PALATE, PHARYNX, LARYNX, TONSILS None	
TEETH AND GUMS (disease or anatomical defect): Normal	
MISSING TEETH None .1 2 3 4 5 6 7 6. 9 10 11 12 13	14 15 16
nonvital Teeth None apparent	
PERIAPICAL DISEASE None apparent	Ex)(x)(x)
MARKED MALOCCLUSION No STATE OF THE PROPERTY O	QQQ
TEETH REPLACED BY BRIDGES None	
	<b>共母母</b>
DENTURES NO.	45/5/5°
REMARKS 20 21 22 23 24 25 26 27 26 29	30 31 33
	*
/s/.vdnn.Paul	
(Signature of Dental Officer	
GENERAL BUILD AND APPEARANCE Healthy	2/
TEMPERATURE 98.2 CHEST AT EXPIRATION 35	0-37
HEIGHT 68" CHEST AT INSPIRATION 38! HoutedRecorde	<del>_</del>
WEIGHT 1612 CIRCUMFERENCE OF ABDOMEN AT UMBILIOUS Understand RECENT GAIN OF LOSS AMOUNT AND CAUSE Healthy Numbered. Filed.	<del></del>
MEDIANI CATA ON HODD, AMOUNT AND CHOOD	
SKIN, HAIR, AND GLANDS Normal  NECK (abnormalities, thyroid gland, trachea, larynx) None   FEDERAL BUREAU OF INVESTIGATION	
(understanding the standing transfer to the standing transfer transfer to the standing transfer	r s cold
SPINE AND EXTREMITIES (bones, joints, muscles, feet)	
None	

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Maria wer 1				
de la grande	V	;		
THODAY (aiga ah	one were the	(munitostinum)	n	
			etc. n	
	rograph of chest is		*	•
	ULAR SYSTEM		•	-,
HEART (	(note all signs of car			<del></del>
Pili gr.	BEFORE EXERCISE	n	BLOOD PRESSIII	RE: SYSTOLIC 105
rondn.	AFTER EXERCISE_		DHOOD INDUO.	DIASTOLIC 65
	THREE MINUTES AT			
CONDIT	ION OF ARTERIES		CHARACTER OF	PULSE n
CONDITI	ION OF VEINS	n .	HEMORRHOIDS_	<u> </u>
ABDOMEN AND PE	LVIS (condition of w	all, scars, herniae	, abnormality of viscer	a)
	*			
GENITO-URINARY			No.	Non
	S: SP. GR. 1.030	ALB. Neg.	SUGAR Neg.	MICROSCOPICAL Neg.
VENEREAL	DISEASE None	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del> </del>
NERVOUS SYSTEM	Normal		*	
		(organic or functio	nal disorders)	
ROMBERG	Normal	INCOOF	DINATION (gait, spee	
			ee, ankle, elbow) Norm	
			LOOD TYPE	
			pression, instability,	-
None			r	
*				
SMALLPOX VACCIN	NATION: DATE OF L	AST VACCINATION	Within 5 wrs.	
	LAXIS: NUMBER OF	•		
	DATE OF LA		Tet. Tox. 0	
REMARKS ON ABNO	ORMALITIES NOT OTH	IERWISE NOTED OR	SUFFICIENTLY DESCR	IBED ABOVE
*	<del></del>	* * * * * * * * * * * * * * * * * * * *		
SUMMARY OF DEFI	ECTS			
CAPABLE OF PER	FORMING DUTIES INV	OLVING Strenous	PH	YSICAL EXERTION
				ENSION OF CRIMINALS(yes or no)
_	state cause)			(yes of no)
FINDINGS, RECOM Typhoid Booster	MENDATIONS AND RE O.lcc l.D Annual	MARKS (as per boar Ly	ds, when necessary)	,
Tetanus Toxoid	7.0	• •		t
				· · · · · · · · · · · · · · · · · · ·
<del> </del>				,
			•	b6
	•		<u>/s/</u>	b7C
			Lieut. (MC) U.S	.N.R.
DATE OF EXAMIN	ATTION 8/30/43			
TIATER: CIR' REXAMIN	A21111N -1 2 4 42			

- 2

Miss Gandy...

### OFEDERAL BUREAU OF INVESTIGATIO

Mrs.	• •	÷
	Dat	
Hr. Janes R. Mand	1	Eay 22, 1942
New appointment Trans	fer Promotion	Separation
- *	An Pénara em é arte	Manager agent for the second of the second o
	PRESENT STATUS	<u>.</u>
1. Title:	2. Grade:	
Special Agent	Z. CIUCC.	<b>.</b>
3. Salary:	4. Seat of Govern	· · · · · · · · · · · · · · · · · · ·
\$3200 per annin	Field:	
*		
5. Division:	6. Appropriation:	,
		"Calarion and Expenses, FDI"
	PROPOSED ACTION	(National Defense)
7. Title:	8. Grade:	190 =
O Salam Special Agent	CAP	10
9. Salary: Special Agent	10. Seat of Govern	ment:
\$3500 per vincin	Field:*	
11. Division:	12. Appropriation:	
and a structure of the state of	and interval.	"Solution and Exponses, FOI"
13. Effective:		(National Defense)
Jung 1, 1942	Addi	lional:
	14. Position: Vice	
15. Remarks:	ldent	icalinin I. Porriph
	9 25 2 3	Transferred 4-16-42
**	4	
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		See
	Respectfully submitted	
CC: Chief, Audit Section		
mr. Total Reeder	- A Company	
Mr. E. A. Tamm	Director, Foder	cal Buffued of Investigation.
Mr. Clegg		
Mr. Glavin	. Mil at million	ALM THE RESERVE THE PROPERTY OF THE PROPERTY O
Mr. Ladd	manager and a second se	11 1. 7 1 1 100
Mr. Rosen COMMUNIC	ations, rections	155
Mr. Tracy MA	CHEP Machini	100
Mr. Carson	navage pla	
Mr. Colley AMAY	22 1942 P.M.	in the second
Ma Bandan A 1	Ţ	er er
Mr. Kramer FEDERAL BUR	EAU OF INVESTIGATION	May 22 1942 2371
	RTHENT OF JUSTICE	1
Mr. Quinn Tamm	<del></del>	· .
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#### March 5, 1946

PERSONAL AND CONFIDENTIAL

Ur. James Field Bland
Federal Bureau of Investigation
234 U. S. Court House, Foley Equare
New York 7, New York

Dear Mr. Bland:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Quantico, Virginia, on February 21, 1946.

This report reflects that you have no physical defects.

The Board of Examining Physicians of the United States Naval Hospital reports that you are capable of performing strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

J. E. Home

John Edgar Hoover Director

COMMUNICTIONS SECTION

CC: SACLENDO YOU

MAR 5 1946

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF INSTICT

NPC:1ih

Cox

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

NAME James Field Bland AGE 28 YEARS, 94 MONTHS
NAMEJames Field Bland AGE_28YEARS,GMONTHS  NATIVITY(state of birth) Mo. MARRIED, SINGLE, WIDOWED: NUMBER OF CHILDREN_1  FAMILY HISTORY parents living - healthy
FAMILY HISTORY parents living - healthy
WIGHTONY ON TITANNIC ON ANALYSING B
HISTORY OF ILLNESS OR INJURY
HEAD AND FACE
EYES: PUPILS (size, shape, reaction to light and distance, etc.) n
DISTANT VISION RT. 20/20 . , corrected to 20/
LT. 20/ 20, corrected to 20/
COLOR PERCEPTION n
(state edition of Stilling's plates or Lamps used)
DISEASE OR ANATOMICAL DEFECTS n
EARS: HEARING RT. WHISPERED VOICE 15 /15' CONVERSATIONAL SPEECH /15'
LT. WHISPERED VOICE 15 /15' CONVERSATIONAL SPEECH /15'
DISEASE OR DEFECTS n  NOSE n
NOSE
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DINUSED
TONGUE, PALATE, PHARYNX, LARYNX, TONSILSn
•
TEETH AND GUMS (disease or anatomical defect):
MISSING TEETH
NONVITAL TEETH MONTH MINISTER
PERIAPICAL DISEASE MARKED MALOCCLUSION
PYORRHEA ALVEOLARIS
TEETH REPLACED BY BRIDGES OOOOO
REMARKS 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32
REMARKS 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32
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HEIGHT 692 CHEST AT INSPIRATION 498. 711 41 and 711
WEIGHT 176 CIRCUMFERENCE OF ABDOMEN AFTERMETILIQUE, 135'
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SKIN, HAIR, AND GLANDS n MESON AND GLANDS
NECK (abnormalities, thyroid gland, trachea, larynx) n
3
SPINE AND EXTREMITIES (bones, joints, muscles, feet) n

	pe, movement, rib cage, me			•	
RESPIRATORY	SYSTEM, BRONCHI, LUNGS	, PLEURA, ET	C. <u>n</u>	<del>- ` ` </del>	· · · · · · · · · · · · · · · · · · ·
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	note all signs of cardiac in	nvolvement)	n		
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NERVOUS SYSTEM_					
ROMBERG	n	ic or functiona INCOORD		anoach)	n
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SEROLOGICA	L TESTS n	BL	OOD TYPE		
	SYCHE (neurasthenia, psych				
	<u> </u>				
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	MENDATIONS AND REMARKS	•		ry)	
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DATE OF EXAMINA	ATION 2-21-46	*1 -			
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0		FROM TO NATURE OF POSITION	_
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	Headquarters		0
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O	Departmental Or Field	DEPT. FIELD P. C. No.	0
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## CERAL BUREAU OF INVESTIGATION.

Prepared by: Checked by:

Mr. Miss Mrs.	Date
Mr. James F. Bland New appointment Transfer	Promotion Separation
	PRESENT STATUS
1. Title: 3. Salary: Special Agent	2. Grade: 4. Seat of Government:
\$4300 per annum  5. Division:	6. Appropriation:  **Salaries and Expenses FBI**
7. Title:	PROPOSED ACTION (National Defense)  8. Grade:
9. Salary: Special Agent.	10. Seat of Government: Field:*
11. Division: 13. Effective: July 16, 1945 15. Remarks:	12. Appropriation:  "Salarion and Expenses FBI"  Additional: [National Defense]  Vice: Identical:
Public Laws #200 and #106.	ng promoted under the Automatic Promotion Bill,  He was reallocated from Grade CAF 10, \$3500 per  BCORpspectfully submitted January 16, 1944.
CC: CCO, Selective Servi	ce Director, Federal Bureau of Investigation
	AUG 91945

Slandard Form No. 51, Rev.
Approved Dec. 1943
C. S. C. Dept. Cir. No. 458

# O ANNUAL REPORT OF EFFICIENCY RATING

0	Budget Bureau No. 50- Approval expires Mar.	R01	2. 194	5
ADMINISTRATIV	/E-UNOFFICIAL	(		2
	X ) SPECIAL L or TRIAL PERIOD	ç		1

			·		,
As	of March 31, 19	based on performance during	g period fron	<u> April 1, 1944</u>	to <u>March 31, 1945</u>
<u>,</u>	JAMES FIELD BI			CAF-1	
-	(Name of en		· ·	of position, service, and gra	
17	ederal Bureau d	of Investigation		lew York Field D	ivision
	·····	(Organization—Indicate bureau, di	vision, section,	unit, field station)	
	ON LINES BELOW MARK EMPLOYEE	1. Study the instructions in the Rat No. 3823A.	ting Official's	s Guide, C. S. C. Form	CHECK ONE:
1/	if adequate	2. Underline the elements which are	especially in	portant in the position	
٧		3. Rate only on elements pertinent to a. Do not rate on elements in its	alics except t	for employees in admin	supervisory, or
_	if weak	istrative, supervisory, or pl	lanning posit	ions.	planning
+	if outstanding	b. Rate administrative, supervelements in italics.	isory, and	planning lunctions of	All others
_			,	Ţ	
	(1) Maintenance	of equipment, tools, instruments.	(21)	Effectiveness in plann	ina broad programs.
	(2) Mechanical sk				ting the work program to
	• •	application of techniques and pro-		broader or related p	programs.
	cedures.		(23)	Effectiveness in devis	ing procedures.
	'(4) Presentability	of work (appropriateness of ar-	(24)	Effectiveness in layin	g out work and establish-
		and appearance of work).		ing standards of a	performance for subordi-
		proad phases of assignments.	- (95)		ting, reviewing, and check-
	(6) Attention to p		(20)	ing the work of sub	ordinates.
_	(7) Accuracy of o	<del>-</del>	(26)	Effectiveness in in	structing, training, and
	(8) Accuracy of fi		4000	developing subordir	
٦.		udgments or decisions.			oting high working morale.
u	L.(11) Industry.	in presenting ideas or facts.	(28)	and equipment need	rmining space, personnel, ls.
	* * *	mais an an ainmlation of annian	(29)		ing and obtaining adher-
	ments.	ress on or completion of assign-		ence to time limits of	and deadlines.
t	(13) Amount of ac based on pr	ceptable work produced. (Is mark oduction records?Yes)			ions. Elegating clearly defined
:0	(14) Ability to org	anize his work.		authority to act.	
		in meeting and dealing with			
	others.		S	TATE ANY OTHER ELEM	ents considered and direct raids
	L_(16) Cooperativene	ss.	+ (1)	and dangerous a	ssignments.
	L.(17) Initiative.	*	(A)		. )
	r. (18) Resourcefulne		(B)		V es
	r (19) Dependability			15	
	₹ (20) Physical fitne	ss for the work.	(C)		
		STANDARD		//	Adjective
	1	Deviations must be explained on reverse side of t	his form	<i>X</i> \	rating
-	· · · · · · · · · · · · · · · · · · ·			Adjective 4	MAR® 0.10/15
DI.	na manica an all muda	dinal alamanta and na minas manula		rating Excellent	official Excellent Offi
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Ch	eck marks or better	on a majority of underlined elements.	. and minus	Their	
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Re	بمعدمدیسی viewed by: (Si	gnature of reviewing officiall	FRESIEN DAIRNE	(Itle)	(Date)
•					· · · ·
Ka	iting approved by effi	ciency rating committee(Date)	Report	to employee (Adjective ra	ating)
		16-20177-2		• • • • •	

#### JAMES FIELD BLAND, SPECIAL AGENT - CAF 11 ANNUAL EFFICIENCY REPORT AS OF MARCH 31, 1945

Special Agent James Field Bland entered on duty with the Bureau on August 25, 1941 and has been assigned to the New York Office since January 4, 1942. He is presently in grade CAF-11 earning an annual salary of \$3800.

This Agent is of medium build, is very neat in his dress and appearance, has a very pleasing personality, is a good conversationalist and has displayed initiative, resourcefulness, force and aggressiveness in the conduct of his Bureau work. He has exhibited loyalty to and interest in the Bureau.

This Agent is considered an excellent dictator, speaks in a distinct clear manner, and his dictation is prepared in an orderly manner. He possesses a New York State automobile driver's license and is a qualified automobile driver. During the past year he has testified on November 2nd and 3rd, 1944 in the case of U.S. vs Armbruster, et al arising out of the Nazi Party investigation in the New York area at which time he was on the witness stand for a period of 42 minutes, the last seven of which were devoted to cross-examination. At that time he presented a neat appearance, exhibited no nervousness or objectionable mannerisms, and could easily be heard by all present. His general demeanor was considered excellent. Departmental Attorney Leo A. Roth stated that both he and Assistant to the Attorney General Robert Hitchcock who were in charge of the prosecution were well pleased with his testimony. He is believed capable of handling dangerous assignments. He has engaged in the past year in the apprehension of Selective Service fugitives. He has engaged in physical surveillances and has performed in a capable manner. He operates a typewriter using the touch system at a speed of 40 words per minute. He has no ability in the use of shorthand. His reports submitted have been in good form requiring little supervision and his volume of work has been considerably above average. He has had no difficulty in contacting law enforcement officials and business contacts. He approaches his work in a business-like manner and takes the initiative in organizing his investigations. He willingly accepts responsibility and discharges the same in his investigations. He has the faculty of pursuinghis assignments with a minimum of supervision. This Agent is capable of performing any type of assignment which may be given to him from a physical standpoint. He is not presently exclusively assigned to a technical surveillance.

Agent Bland is qualified in the use of all Bureau firearms. His knowledge of weapons is average. He observes the safety rules strictly, his general ability is good and his marksmanship fair.

During the past year he has developed eight sources of information

#### SPECIAL AGENT J. F. BLAND

in addition to working on the program of the developing of Plant Informants and American Legion contacts.

He has participated readily in office activities affecting the good morale of the office.

During the past year Agent Bland has been engaged in the following types of investigations: Denaturalization Proceedings, Security Matter, Alien Enemy Control, Espionage - G, Foreign Travel Control, Falsely Claiming Citizenship, Jury investigations, Selective Service, Bribery, Perjury, Conspiracy, and Internal Security C and R cases. In previous years in the Bureau's service this Agent has worked on general criminal investigations as well as National Defense cases involving the foregoing types of investigations as well as investigations of Sabotage, Foreign Funds and Illegal Wearing of the Uniform. It is also noted that during the past year while engaged in Selective Service investigations he participated in the investigation of the Theophrastos Delyanis-O'Grady investigation which was rather complicated with many ramifications.

I have not observed any administrative or supervisory ability on the part of this Agent, although it should be noted that during this period of time he has only been handling regular investigative work.

I believe this Agent is capable of handling dangerous assignments.

Agent Bland is entitled to a rating of Excellent in his present grade status.

### FEDERAL BUREAU OF INVESTIGATION

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Mr.	•					U	
Miss	<b>A</b> =		•				
Mrs.	D	-		Date	Jenuery-11	30//	_
` <b>&amp;</b>	D. Jacos F. Bland	·		-	O eretones A - reini	\$ 2-7+4	
New appointmen	t Transfe	r	Promot	ion XX	Separ	ration	]
	·	PRESENT ST	TATUS				
1. Title:	Special Agent	2. G	Grade:	CAF 10			
3. Salary:	§3500 per annum		Seat of Go Field:	vernment:	B		
5. Division:	•	6. A	ppropriati	on: "Sa	laries und (National		<b>131</b>
		PROPOSED A	ACTION		(may) viida		
7. Title:	Special Agent	8. Ģ	Grade:	CAP 11			
9. Salary:	\$3500 per annua		Seat of Go Field:*	vernment:			
11. Division:	•	12. A	Appropriati	on: អ្នក្សីព	luries and		r31
13. Effective:	Jenuary 16, 1944		A	dditional:	(Hational	' ĥerenże)	
15. Remarks:		14. P	Position: V	lice; dentical:		ā	
CC; Chi	ef, Audit Section						
Mr. Tolson Mr. E. ACCD <sub>antim</sub> Se Mr. Clegg	lective Service	Respectfu	ully submi	tted,			
Mr. Coffey Mr. Glavin Mr. Ladd	`- `	Direct	tor. Feder	al Bureau	on Onvest	igation	
Mr. Nichols Mr. Rosen		-	*			·	
Mr. Tracy					2	_	
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Mr. Carson Mr. Harbo	MY LED 6	1			A Property of the same of the	STATE OF	
Mr. Hendon	JAN 11 1944 P.C.			in Thi	AL 2 10AA		•
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Mr. Nease	Start of Walt for						
mass Gandy	7	-				<b>V</b>	

JAMES F. BLAND, SPECIAL AGENT, CAF-12 ANNUAL EFFICIENCY REPORT, MARCH 31, 1947

Special Agent James F. Bland entered on duty with the Bureau as a Special Agent on August 25, 1941 and arrived in the New York Field Division on January 4, 1942. He is presently in grade CAF-12 at a salary of \$5,905.20.

Special Agent Bland is of average height and build, dresses exceptionally neat, has a very fine personality and is well liked by his fellow employees. During the pertinent period, this agent has shown an above average amount of initiative, resourcefulness, force and aggressiveness. I consider this agent as a very capable one. He has shown a very large amount of initiative and interest in his work and has produced excellent results. He is without doubt a loyal employee.

This agent is rated as a very good dictator. He is considered as a very good driver. His Firearms Instructor has rated him as very good and further that he is capable of handling dangerous assignments. His report writing is excellent and requires no supervision. He has produced a very large volume of work. During this period he has developed nine sources of information. He is considerably above average in organizing and initiating investigations; accepts and discharges responsibilitywithout supervision.

Prior to two months ago, this agent handled Internal Security - C and Security Matter - C investigations. Since that time this agent has been handling supervisory duties in this field division and has been approved as such by the Bureau. His work in this regard-has-been-very-satisfactory. It is noted that he has shown-definite-ability in handling the agents with whom he comes in contact. As a result of his duties he is alert to catch errors in reports and the like and in general has shown excellent supervisory and administrative ability.

I consider this agent EXCELLENT in his present grade.

67
Searched

Numbered .. File FEDERAL BUILD OF INVESTIGATION

### ANNUAL

Form approved Budget Bureau No. 50-R012.2.1 Approval expires Mar. 31, 1947.

### REPORT OF FFFICIENCY RATING

ADMINISTRATIVE-UNOFFICIAL
OFFICIAL:
REGULAR ( X ) SPECIAL
PROBATIONAL OF TRIAL PERIOD

	PROBATIONAL OF TRIAL PERIOD ( )
As of MARCH 31, 1947 based on performance during	period from APRIL 1, 1946 to MARCH 31, 1947
	ENT, CAF-12
(Name of employee)	(Title of position, service, and grade)
FEDERAL BUREAU OF INVESTIGATION, NEW YORK	
(Organization—Indicate bureau, divi	sion, section, unit, field station)
ON LINES BELOW 1. Study the instructions in the Rational No. 3823A.	ng Official's Guide, C. S. C. Form CHECK ONE:
2. Underline the elements which are e	specially important in the position. Administrative,
V if adequate  3. Rate only on elements pertinent to t	he position.
- if weak istrative, supervisory, or pla	nning positions.  planning planning
+ if outstanding b. Rate administrative, supervised elements in italics.	sory, and planning functions on All others
Continue in votation	
(1) Maintenance of equipment, tools, instruments.	上 (21) Effectiveness in planning broad programs.
(2) Mechanical skill.	
	(22) Effectiveness in adapting the work program to broader or related programs.
cedures.	(28) Effectiveness in devising procedures.
(4) Presentability of work (appropriateness of arrangement and appearance of work).	
	ng sumaaras of performance for suborat-
	土 (25) Effectiveness in directing, reviewing, and check- ing the work of subordinates.
(7) Accuracy of operations.	
∠ (8) Accuracy of final results.	(26) Effectiveness in instructing, training, and developing subordinates in the work.
(9) Accuracy of judgments or decisions.	4 (27) Effectiveness in promoting high working morale.
(10) Effectiveness in presenting ideas or facts.	± (28) Effectiveness in determining space, personnel,
土 (11) Industry.	and equipment needs.
土(12) Rate of progress on or completion of assign-	1 (29) Effectiveness in setting and obtaining adher-
ments.	ence to time limits and deadlines. (30) Ability to make decisions.
± (13) Amount of acceptable work produced. (Is mark based on production records? (Yes or no)	(31) Effectiveness in delegating clearly defined authority to act.
(14) Ability to organize his work.	addition and to more
(15) Effectiveness in meeting and dealing with	STATE ANY OTHER ELEMENTS CONSIDERED
others.	Ability to direct & lead a group of agents
∴ (16) Cooperativeness.	(A) on raids & dangerous assignments
	Capability for additional (B) responsibility
	→ (B) responsibility
上(19) Dependability. 上(20) Physical fitness for the work.	(C)
(20) Fhysical litness for the work.	(C)
STANDARD	Adjective
Deviations must be explained on reverse side of the	is form rating
V	Adjective Rating Property Them of the
Plus marks on all underlined elements, and no minus marks	Excellent official EXCELLENT W
Plus marks on at least half of the underlined elements, and marks	no minus Very good
Check marks or better on a majority of underlined elements minus marks overcompensated by plus marks	Reviewing Good Reviewing Good
Check marks or better on a majority of underlined elements;	and minus Fair
marks not overcompensated by plus marks	,
Design Educate Separate SPE	CIAL AGENT IN CHARGE MARCH 31, 1947
EDWARD SCHEIDT (Signature of rating official)	(Title) ADD 1 (Date)
Parished his	APR 18 1947
(Signature of reviewing official)	Datesa Q. (Title) Zation (Date)
Rating approved by efficiency rating committee	Report to employee
U. S. GOVERNMENT PRINTING OFFICE 16-26177-3 (Date)	(Adjective rating)

COMMUNICATIONS SECTIONS MAILED ☆ NGV 5 1947 P.M. FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF . . ....

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FEDERAL BUREAU OF INVESTIGATION

# RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS FEDERAL BUREAU OF INVESTIGATION, U.S. DEPARTMENT OF JUSTICE

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MISSING TEETH NONVITAL TEETH PERIAPICAL DIS MARKED MALOCC PYORRHEA ALVE	None H none EASE no LUSION no OLARIS no	b6 b70	Normail EHM ECCO			
MISSING TEETH NONVITAL TEETH PERIAPICAL DIS MARKED MALOCC	None H none EASE no LUSION no OLARIS no		Normail EHM ECCO			
MISSING TEETH NONVITAL TEETH PERIAPICAL DIS MARKED MALOCC PYORRHEA ALVE TEETH REPLACES	None  H none  EASE no  LUSION NO  OLARIS NO  D BY BRIDGES	b6 b70	Normal WHIR CHICK COURT			
MISSING TEETH NONVITAL TEETH PERIAPICAL DIS MARKED MALOCC PYORRHEA ALVE	None H none EASE no LUSION no OLARIS no	b6 b70	Normal WHEN WHEN OF COMME			
MISSING TEETH NONVITAL TEETH PERIAPICAL DIS MARKED MALOCC PYORRHEA ALVE TEETH REPLACED DENTURES	None none EASE no LUSION no OLARIS no DEFENDES	b6 b70	Normal WHIR CHICK COURT			
MISSING TEETH NONVITAL TEETH PERIAPICAL DIS MARKED MALOCC PYORRHEA ALVE TEETH REPLACED DENTURES	None none EASE no LUSION no OLARIS no DEFENDES	b6 b70	Normal OCCUPATION OF THE PROPERTY OF THE PROP			
MISSING TEETH NONVITAL TEETH PERIAPICAL DIS MARKED MALOCC PYORRHEA ALVE TEETH REPLACES DENTURES REMARKS	None  H none  EASE no LUSION NO  OLARIS NO  D BY BRIDGES  none	b6 b70	Normal OCCUPATION OF THE PROPERTY OF THE PROP			
NONVITAL TEETE PERIAPICAL DIS MARKED MALOCC PYORRHEA ALVE TEETH REPLACE  DENTURES REMARKS  IERAL BUILD AND	None H none EASE no LUSION no OLARIS no OBY BRIDGES  none none	b6 b70	Normal High GUG GUG Athletic			
MISSING TEETH NONVITAL TEETH PERIAPICAL DIS MARKED MALOCC PYORRHEA ALVE TEETH REPLACED DENTURES REMARKS  ERAL BUILD AND PERATURE NO	None  H none  EASE no LUSION no OLARIS no DEVERINGES  NONe APPEARANCE  TOTAL	Medium, CHEST AT EXPIRENCE AT INSPI	Normal  Normal  ATION  RATION		2/15/06 2/1	
MISSING TEETH NONVITAL TEETH PERIAPICAL DIS MARKED MALOCC PYORRHEA ALVE TEETH REPLACED DENTURES REMARKS  IERAL BUILD AND IPERATURE GHT 70	None  H none  EASE no LUSION no OLARIS no D BY BRIDGES  None APPEARANCE  TMA1 CO	Medium,  HEST AT EXPIRENCE  HEST AT INSPI	Normal  OF ABDOME		2/15/06 2/1	
MISSING TEETH NONVITAL TEETH PERIAPICAL DIS MARKED MALOCC PYORRHEA ALVE TEETH REPLACED DENTURES REMARKS  IERAL BUILD AND IPERATURE GHT 70	None  H none  EASE no LUSION no OLARIS no D BY BRIDGES  None APPEARANCE  TMA1 CO	Medium,  HEST AT EXPIRENCE  HEST AT INSPI	Normal  William  Athletic  RATION  RATION  None		2/15/06 2/1	
MISSING TEETH NONVITAL TEETH PERIAPICAL DIS MARKED MALOCC PYORRHEAVALVE TEETH REPLACED  DENTURES REMARKS  JERAL BUILD AND PERATURE NO GHT 70 GHT 17 ENT GAIN OR LOS N. HAIR, AND GLA	None  H none  EASE no LUSION no OLARIS NO OLAR	Medium, HEST AT EXPIRENCE CAUSE	Normal  William  Athletic  RATION  None  Normal		2/15/06 2/1	
MISSING TEETH NONVITAL TEETH PERIAPICAL DIS MARKED MALOCC PYORRHEA ALVE TEETH REPLACED DENTURES REMARKS  IERAL BUILD AND IPERATURE GHT 70	None  H none  EASE no LUSION no OLARIS NO OLAR	Medium, HEST AT EXPIRENCE CAUSE	Normal  William  Athletic  RATION  RATION  None		2/15/06 2/1	
MISSING TEETH NONVITAL TEETH PERIAPICAL DIS MARKED MALOCC PYORRHEA ALVE TEETH REPLACE  DENTURES REMARKS  IERAL BUILD AND IPERATURE NO GHT 70 GHT 17 IENT GAIN OR LOS N. HAIR, AND GLA	APPEARANCE  APPEARANCE  OCASS, AMOUNT AND  Chyroid gland, (compared to the compared to the com	Medium, HEST AT EXPIRENCE CAUSE trachea, larynx)	athletical Normal Norma		2/15/06 2/1	
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THORAS (Blee-ch	pe, movemen Ofb care	mediastinum)	O Normal	
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ଫଳଟେ_ଫ	ate on 16 October	r_194/_negativ	e Normal	
CARDIO-VASC	ULAR SYSTEM	iac Tinvolvement)	Normal Normal	
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PULSE)	BEFORE EXERCISE	80	BLOOD PRESSURE:	SYSTOLIC 116
<del>V → Milly M</del>	AFTER EXERCISE	90		DIASTOLIC-76
	THREE MINUTES AFT	rer 84 Normal	GHARACTER OF PU	rsp Normal
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	ON OF VEILE			
ABDOMEN AND PE	DVIS (confitted of wat	No cessor ferritor	Chromaticy of vicerca)	Normal
	2			
Carrier and the same of the sa	GVOIDA	Normal		
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A SUBSIDIARY A	St. SP. GR. 15025 DISEASE None vev	ident.		
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- Communication of the communi	Negative (6	organie of function	al (disorders) DINATION (gail), speech).	None
ROMBERG	SUPERFICIAL Norma	TNCOOR!	e, ankle, elbow) Norma	1 TREMORS None
SEROMORICA	NO TESTS Blood Kah	m negative B	OOD TYPE	
ABNORMAL	SYCHE (neurasthenia,	psychasthenia, dep	ression, instability, wor	ies)
		None	e apparent	
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BLAND. SPECIAL AGENT. CAF-12 ANNUAL EFFICIENCY REPORT, MARCH 31, 1948

Special Agent James F. Bland entered on duty with the Bureau as a Special Agent on August 25th, 1941, and arrived in the New York Field Division on January 4th, 1942. He is presently in grade CAF-12 at a salary of \$6,144.60 per annum.

During the pertinent period, this agent has been assigned as an assistant supervisor on the section handling Communist and loyalty investigations. His major duties for the past two months have been supervising the loyalty investigations. He has done an excellent job in this respect. Among his outstanding abilities is the way he organizes the work, his clarity in issuing instructions, his excellent judgment, and the way he handles the agents. Further, he has shown an excellent amount of initiative, resourcefulness, force and aggressiveness. He has been extremely industrious and has put in considerable voluntary overtime in connection with his assignment. He is a very enthusiastic worker and is very well liked by his fellow agents. He has an excellent personality. He has the ability of producing a very high volume of work.

This agent is rated as an excellent dictator. His firearms record reflects that he is entitled to the general rating of excellent, and that he is capable of handling dangerous assignments.

I believe that this agent has shown very definite ability along administrative and supervisory lines. He renders quick and accurate decisions.

> I consider this agent to the XCELLENT in his present grade.

3 .APR 13 1948

FEDERAL BUREAU OF INVESTIGATION

ANNUA,L

Form approved
Budget Bureau No. 50-R012.2.\
Approval expires Mar. 31, 1947.

# REPORT OF

ADMINISTRATIVE-UNOFFICIAL OFFICIAL PEGULAR ( T ) SPECI

	EFFICIENCY F	RATING	PROBATIONAL	or TRIAL PERIOD (
As of March 31, 1948	based on performance during	period from A	pril 1, 1947	to March 31, 1948
JAMES F. BLAND (Name of employ	Special A	gent, CAF-	12 osition, service, and grad	(e)
	f Investigation, New York			•
***************************************	(Organization—Indicato bureau, div	vision, section, unit,	field station)	
ON LINES BELOW 1. MARK EMPLOYEE	Study the instructions in the Rati No. 3823A.	ing Official's G	uide, C. S. C. Form	CHECK ONE:
V if adequate 3.	. Underline the elements which are e Rate only on elements pertinent to a. Do not rate on elements in ita istrative, supervisory, or ple	the position. <i>dics</i> except for earning positions	employees in admin- s.	supervisory, or planning
+ if outstanding	b. Rate administrative, superviolents in italics.	isory, and plai	uning functions, on	All others
(2) Mechanical skill.  (3) Skill in the application of acception of accepti	results. res	± (22) Eff  ± (23) Eff  ± (24) Eff  ± (25) Eff  ± (26) Eff  ± (27) Eff  ± (28) Eff  ± (29) Eff  ± (30) Aff  ± (31) Eff	fectiveness in adapproader or related postiveness in devising standards of fractiveness in directiveness in directiveness in inspectiveness in promofectiveness in determined equipment need fectiveness in settivenes in settivenes in settivenes in settivenes in settivenes to time limits abbility to make decisi	ng procedures. g out work and establish- performance for subordi- ing, reviewing, and check- rdinates. tructing, training, and ates in the work. ting high working morale. rmining space, personnel, s. ng and obtaining adher- nd deadlines.
others.  16) Cooperativeness.	n meeting and dealing with	•	E,AŃŶ OTHER ELEMI	•
	•	<u>+</u> (A) + Q	apability for esponsibility	additional
± (18) Resourcefulness.		4		
19) Dependability. 10) Physical fitness f		700		
ZU) Filysical littless I	or me work.	(C)		
Devi	STANDARD ations must be explained on reverse side of th	his form	,	Adjective rating
Plus marks on at least ha	ned elements, and no minus marksalf of the underlined elements, and	d no minus	Adjective rating R Excellent Very good	ating excellent of
Check marks or better on minus marks overcompen	a majority of underlined element	is, and any	· · · · · · · · · · · · · · · · · · ·	eviewing official
marks not overcompensa	a majority of underlined elements, ted by plus marksalf of the underlined elements		Fair Unsatisfactory	
Rated by Sugar	l Schedt Speci	ial Agent i		3-30.48 (Date)
Reviewed by (Signa	Clewing official)	Assistant L Hederap Bureau o (Title)	/ Investinati	4-17-48 W
Rating approved by efficien	ncy rating committee(Date)	Report to e	mployee (Adjective ra	ting)

U. S. GOVERNMENT PRINTING OFFICE 16-26177-3

July £1, 1948.

Mr. James F. Bland Federal Bureau of Investigation United States Department of Justice New York, New York

Dear Ur. Bland:

The fine work you performed and the excellent attitude displayed by you in expediting certain work in connection with the Loyalty Program has been brought to my attention.

I was most pleased to learn of your service in this instance and do want to express to you my personal appreciation for your efforts.

CC: SAC, NEW YORK (P & C)
CIT: mjr

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# REPORT OF FFFICIENCY RATING

Form approved Budget Bureau No. 50-R012. Approval expires Mar. 30, 1945.

ADMINISTRATIVE-UNOFFICIAL	(	)
OFFICIAL:	•	
REGULAR (X) SPECIAL	(	_ ŝ
PROBATIONAL AS TRIAL DEPLOT	<b></b>	

EFFICIENCY RATING PROBATIONAL OF TRIAL PERIOD (
As of 3-31-49 based on performance during period from 9-16-48 to 3-31-49
JAMES F. BLAND D79434 SPECTAL AGENT, CAF-12 (Name of employee) (Title of position, service, and grade)
FEDERAL BUREAU OF INVESTIGATION, ST. LOUIS DIVISION (Organization—Indicate bureau, division, section, unit, field station)
ON LINES BELOW MARK EMPLOYEE  V if adequate  — if weak  + if outstanding  1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A.  2. Underline the elements which are especially important in the position.  a. Do not rate on elements in italics except for employees in administrative, supervisory, or planning positions.  b. Rate administrative, supervisory, and planning functions on elements in italics.  Administrative, supervisory, or planning positions.  All others
(1) Maintenance of equipment, tools, instruments. (2) Mechanical skill. (3) Skill in the application of techniques and procedures. (4) Presentability of work (appropriateness of arrangement and appearance of work). (21) Effectiveness in planning broad programs. (22) Effectiveness in adapting the work program to broader or related programs. (23) Effectiveness in devising procedures. (24) Effectiveness in laying out work and establishing standards of performance for subordi-
-± (5) Attention to broad phases of assignments.  - 4 (6) Attention to pertinent detail.  - (7) Accuracy of operations.  - (8) Accuracy of operations.  - (9) Accuracy of operations.  - (26) Effectiveness in instructing, training; and
developing subordinates in the work.  L. (9) Accuracy of judgments or decisions.  L. (10) Effectiveness in presenting ideas or facts.  L. (11) Industry.  L. (12) Rate of progress on or completion of assignments.  L. (13) Amount of acceptable work produced. (Iswark based on production records?  (27) Effectiveness in promoting high working morale.  (28) Effectiveness in determining space, personnel, and equipment needs.  (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.  (30) Ability to make decisions.  (31) Effectiveness in delegating clearly defined
## (14) Ability to organize his work.  (15) Effectiveness in meeting and dealing with others.  (16) Cooperativeness.  (17) Initiative.  (18) Resourcefulness.  (Year no)  authority to act.  (Year no)  (Year no)
(20) Physical fitness for the work.
Plus marks on all underlined elements, and no minus marks  Plus marks on at least half of the underlined elements, and no minus  RECELLENT  EXCELLENT  EXCELLENT  EXCELLENT  FIGATION  Reviewing  Adjective rating  FIGATION  Reviewing  Adjective rating  FIGATION  Reviewing  Adjective rating  FIGATION  Reviewing  Adjective rating  FIGATION  Reviewing
minus marks overcompensated by plus marks.  Check marks or better on a majority of underlined elements, and minus marks not overcompensated by plus marks.  Minus marks on at least half of the underlined elements.  Good  Fair  Unsatisfactory
Rated by SAC (Signature of rating official) SAC (Title) (Date)
Reviewed by (Signature of reviewing official) (Title) (Date).
Rating approved by efficiency rating committee

St. Louis, Missouri March 31, 1949

RE: JAMES F. BLAND
Special Agent
Annual Efficiency Rating

James F. Bland entered upon duty in the Bureau as a Special Agent on August 25, 1941. He has been assigned to the Newark and New York City Offices prior to his arrival in St. Louis on October 10, 1948. His present salary is \$6714.00 per annum.

His assignments in St. Louis have been on the Communist Squad with the exception of some assignments of general criminal investigative work. He has an excellent knowledge of the duties of his position and performs his work in a very efficient manner. He is a Relief Supervisor in this office.

Prior to his arrival here, he did supervisory work in Loyalty Cases in the New York City Office and his file indicates that he handled such work in an excellent manner.

He has very good dictation ability and is a good automobile driver. He has participated in dangerous assignments and physical surveillances and handles this work very efficiently. He operates the typewriter but does not have shorthand ability. His reports are always prepared and submitted in good logical order.

Since his arrival here he has made good contacts with law enforcement officials and others in this Division. He uses initiative and resource-fulness in the performance of his duties. He readily accepts the responsibility of his assignments and requires very little supervision in the handling-of his work. He is a very good witness.

It is my opinion that he does have supervisory ability, however, he has not as yet qualified himself for the position of SAC or ASAC.

Because of his industry, loyalty and efficiency in the performance of his duties, I regard him as excellent in CAF-12.

G. B. NORRIS

SAC

GBN: mw

Employee's Initials

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STANDARD FORM 50 UNITED STATES CIVIL SERVICE COMMISSION OCTOBER 1946

# U. S. DEPARTMENT OF JUSTICE DERAL BUREAU OF INVESTIGATION WASHINGTON 25, D. C.

FORM APPROVED BUDGET BUREAU NO. 50-R064

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NOTIFICATION OF PERSONNEL ACTION,

HOTINGATION	<u> </u>		VEL ACTION T	10
1. NAME (MR MISS - MRS PIRST - MIDDLE INITIAL LAST)  MR SPACE - EAD BLAND		2. DATE OF BIRTH	F. B. I.	4. DATE 9-15-10
This is to notify you of the following action affection	cting your	employment:	(D)	
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DAT	E 7. CIVIL SERVICE OR OTH	IER LEGAL AUTHORITY
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FROM			то	
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13. VETERAN'S PREFERENCE  NONE S PT. 10-POINT WWIL WAL OTHER  DISAB WIFE WIDOW  15. 16. 17. APPROPRIATION S. & E., FBI  FROML  TO:		14. POSITION CL NEW VICE 1. A. 18. SUBJECT TO RETIREMENT (YES-NO).	C. S. 19. DATE OF OATH ACT, (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
REMARKS,	- L	Addition of S		Mon
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# REPORT OF EFFICIENCY RATING

Form approved. Budget Burezu No. 50-R012.3.

ADMINISTRATIVE-UNOFFICIAL (
OFFICIAL:
REGULAR (X) SPECIAL (
PROBATIONAL ( )

	11/1/11/10
As of3=31=50based on performance dur	ring period from 3-31-49 to 3-31-50
$\theta$	
JAMES F. BLAND (Name of employee)	SPECIAL AGENT, GS-12 (Title of position, service, and grade)
FEDERAL BUREAU OF INVESTIGATION, ST. LOUIS	and the second s
(Organization—Indicate bureau, div	rision, section, unit, field station)
ON LINES BELOW 1. Study the instructions in the Rat	ing Official's Guida C S C Form
MARK EMPLOYEE No. 3823A.	
V if adequate  2. Underline the elements which are of 3. Rate only on elements pertinent to	the nosition.
a. Do not rate on elements in ita	lice except for employeer in admin-   Supervisory, or
+ if outstanding b. Rate administrative, supervi	isory, and planning functions on
elements in italics.	All others
(1) Maintenance of equipment, tools, instruments.	(21) Effectiveness in planning broad programs.
(2) Mechanical skill.	
(3) Skill in the application of techniques and pro-	(22) Effectiveness in adapting the work program to broader or related programs.
cedures.	(23) Effectiveness in devising procedures.
(4) Presentability of work (appropriateness of arrangement and appearance of work).	(24) Effectiveness in laying out work and establishing standards of performance for subordi-
(5), Attention to broad phases of assignments.	nates.
(6) Attention to pertinent detail.	(25) Effectiveness in directing, reviewing, and checking the work of subordinates.
(7) Accuracy of operations.	(26) Effectiveness in instructing, training, and developing subordinates in the work.
± (8) Accuracy of final results.  ± (9) Accuracy of judgments or decisions.	developing subordinates in the work.
± (10) Effectiveness in presenting ideas or facts.	(27) Effectiveness in promoting high working morale.
(11) Industry.	(28) Effectiveness in determining space, personnel, and equipment needs.
12) Rate of progress on or completion of assign-	(29) Effectiveness in setting and obtaining adherence to time limits and deadlines.
ments.	(30) Ability to make decisions.
13) Amount of acceptable work produced. (Is mark based on production records?	+ (31) Effectiveness in delegating clearly defined
(Yes or no) (Yes or no)	authority to act.
(15) Effectiveness in meeting and dealing with	STATE ANY OTHER ELEMENTS CONSIDERED
others.	STATE ANY OTHER ELEMENTS CONSIDERED
± (17) Initiative.	(A) Capability for additional
±_(18) Resourcefulness.	responsibility.
(19) Dependability.	(B)
(20) Physical fitness for the work.	(C) B. KALLESSA TALES AND DE LA CONTRACTOR B
STANDARD  Deviations must be explained on reverse side of this	form Adjective Rating
	Adjective
Plus marks on all underlined elements, and check marks or be	etter on all Rating Official EXCELLENT
other elements rated	Excellent
half of the underlined elements	Very Good
Check marks or better on a majority of underlined elements, as performance overcompensated by outstanding performance	nd all weak Good, Good, Good,
Check marks or better on a majority of underlined elements, ar	nd all weak
performance not overcompensated by outstanding performance Minus marks on at least half of the underlined elements	Fair, Unsatisfactory (1)
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Rated by A Morris	SAC 4-13-50
(Signature of rating official)	Assistant Director. (Date)
Reviewed by	Federal Buseau of investigation 4/75/29
(Signature of reviewing official)	(Title) (Date)
Rating approved by efficiency rating committee (Date)	Report to employee (Adjective rating)

St. Louis, Missouri April 13, 1950

RE: JAMES F. BLAND SPECIAL AGENT ANNUAL EFFICIENCY RATING

James F. Bland entered upon duty in the Bureau as a Special Agent on August 25, 1941. He has been assigned to the Newark and New York City Offices prior to his arrival in St. Louis on October 10, 1948. His present salary is \$6800 per annum.

Special Agent Bland is a supervisor in the St. Louis Division. He has a very pleasing personality, good physical appearance and dresses very neatly. He gets along well with his associates both in and out of the Bureau. Since his arrival here he has for a short time worked on general investigative work, as well as internal security work. However, later he was authorized as a supervisor in this division.

He has participated in dangerous assignments in this division and handles this work in a very efficient manner. He has performed his duties on physical surveillances in an excellent manner. His reports are submitted in good logical order.

He is a native of Missouri and as a result has used this in making good contacts in the St. Louis Division. He has excellent contacts with law enforcement officials and also business contacts. He always uses initiative in his work and he always organizes his work well. He is a good witness and is always available for general and special assignment.

It is my belief that he has supervisory ability and would be good material for development as Assistant Special Agent in Charge, however, at the present time he has a family problem which would cause him sacrifice in the event he was transferred from this division at this time.

Because of his ability, enthusiasm and the intelligent manner in which he handles his duties, I regard him as excellent in Grade GS-12.

G. B. NORRIS

SAC

GBN:mw

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Standard Form No. 57 August 1946	/ 🗻		<b>~</b>	Form approved. Budget Bureau No. 50-R0	199.
U.S. CIVIL SERVICE COM			<b>U</b>		- -
~ <i>(</i> /-	REPOR		ADMINISTRATIVE OFFICIAL:		)
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	<del>vi</del>	(Title of position	on, service, and grade	)	
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ON LINES BELOW					
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Check marks or better on a majority of underlined elements, and all weak performance not overcompensated by butstanding performance.

Minus marks on at least half of the underlined elements. Fair Unsatisfactory 10-27-50 (Date) Rated by (Date) Reviewed by Report to employee \_\_\_\_\_\_\_\_(Adjective rating) (Signature of reviewing official)

Rating approved by efficiency rating committee .....(Date)

U. S. GOYERNHENT PRINTING OFFICE 16-26177-8

St. Louis, Missouri October 27, 1950

RE: JAMES F. BLAND SPECIAL AGENT

Special Agent James F. Bland entered upon duty in the Bureau as an Agent on August 25, 1941. He has been assigned to the Newark and New York City Offices prior to his arrival in St. Louis on October 10, 1948. He is presently under transfer to the Seat of Government. His present salary is \$7000 per annum.

Special Agent Bland has a very pleasing personality, good physical appearance and dresses very neatly. He is well liked by his associates in this office. He has been a full time supervisor in this office since May, 1949, and is very efficient in the performance of his duties. Prior to the time he was authorized as a supervisor, he worked on general investigative work as well as internal security cases.

He has very good dictation ability and is a good witness. He is a native of Missouri and this has aided him in making some excellent contacts with business men as well as with law enforcement officials. He always uses initiative in his work, is resourceful and organizes his work well. He has participated in dangerous assignments in this division and handles this work in a very efficient manner. He has also participated in physical surveillances and performs this work in an excellent manner.

He has supervisory ability and should develop in such a manner as to make him capable of performing the duties of Assistant Special Agent in Charge. His work here has been excellent.

Because of his enthusiasm, loyalty, industry and the intelligent manner in which he performs his duties, I regard him as excellent in GS-12.

G. B. NORRIS

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Employe's Initials

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In. James F. Mand Federal Eureau of Investigation Tachington, D. C.

Icar ir, Pland:

It to indeed a pleasure for to to have this opportunity to esterd to you by heartfelt congratulations and present to you the enclosed Tor-Tear Lervice Award Key on the accasion of your Tenth Analyer cary with the FDT teday.

In addition to congratulations and the Cerving Award token. I want to let you know how preatly the Dureau values the loyalty and concetenvious devotien to duty which you have constopently cuidences dering your tex years of corvice. These are the intensibles incapable of neacurement due no inflorentable to the Eurena's cuccoes. vell take price in the fact that you have have commencerate phere in placing the FOI in tregenviable position of public esteen.

I dincorally hope that the Durcay of 15 have the deserts of many more years of guel en plary and devoted corvice.

With boot winhers

cc - Lr. Belmont Mr. Faulkner

MPC: also

Clavin

Inclosure.

December 19, 1950

PERSONAL AND CONFIDENTIAL

Mr. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Mr. Bland:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Bethesda, Maryland, on November 21, 1950.

This report reflects that you have no disqualifying physical defects.

The Board of Examining Physicians of the United States Naval Hospital reports that you are capable of performing strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

C. C.C.

19 12 03 PH "

John Edgar Hoexer Director

TO SHOT REQUITE IN

CC-Mr. Belmont (P&C)

HLE:cmn un

DEC 1 9 1950

Mr. Pennington Mr. Quinn Term Tele. Room\_

Mr. Tolson Mr. E. A. Tami Mr. Clegg

	RECORD OF PH	YSICAL EXAMINATION O	F OFFICERS	S AND SPECIAL	CC-27	_
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DATE OF EXAMINATION 11/1/51	<u>s/H.</u>
EMPLOYEE'S INITIALS	11/8/51
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## U. S. DEPARTMENT OF JUSTICE

STANDARD FORM 50 UNITED STATES CIVIL SERVICE COMMISSION OCTOBER 1946

8. FILE

DERAL BUREAU OF INVESTIGATION 25, D. C.

FORM APPROVED BUDGET BUREAU NO. 50-R064

☆ U. S. GOVERNMENT PRINTING OFFICE = 1951 = 942706

Checked by:

NOTIFICATION	I OF F	PERSONNE	EL ACTION	Filed by:
1. NAME (MR MISS - MRS FIRST - MIDDLE INITIAL - LAST) M.R. JAMES F. BLAND		2. DATE OF BIRTH	S. JOURNAL OR ACTION NO. F. B. I. 8223	4. DATE
n. Jans J. Dian		The same of the sa	F.B.I. 8223	0.00.50
This is to notify you of the following action affection	-41	amblasmants	ingress.	7-47-74
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	cing your	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTH	ER LEGAL AUTHORITY
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Mr. Fred J. Baumgardner Federal Bureau of Investigation United States Department of Justice Washington, D. C.

Doar Mr. Baumgardner:

I want to express to you and through you to the Supervisors of the Internal Security Unit my sincere appreciation for the splendid Mashion in which the recent Security-Espionage Schools were conducted at the Bureau.

It is my desire that you personally convey my gratitude and commendation to those Supervisors who contributed so materially to the success of these schools, advising them that I was most pleased with the efficient and capable manner in which this project was handled. I consider this was a job well done.

Sincerely yours, J. Edgar Hoover

b6 b7C

cc: Mr. Belmont (P&C)

cc: Personnel files of SA's:

Carroll Doyle

Faul L. Cox

James F. Bland

Arthur E. Dooley

Marion E. Torrens

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### November 16, 1951

PERSONAL AND CONFIDENTIAL

Mr. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Mr. Bland:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital,

Bethesda, Maryland, on November 1, 1951.

This report reflects that you have no disqualifying physical defects.

The Board of Examining Physicians of the United States Naval Hospital reports that you are capable of performing strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

Ce. desouer

John Edgar Hoover Director

CC-Domestic Intelligence ( P & C )

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THE STYNDARD PORTU NO. 64

# Office Memorandum • United States Government

Mr. Glavin

DATE: 5-1-52

H. L. Edwards)

SUBJECT:

JAMES F. BLAND

Supervisor

Internal Security Unit

Domestic Intelligence Division

AWARD FOR SUPERIOR ACCOMPLISHMENT

Mr. Baumgardner by memorandum to Mr. Belmont has recommended that SA James F. Bland be considered for a meritorious increase in salary for his outstanding accomplishments as Supervisorin-Charge of the Communist Front Desk. Mr. Belmont and Mr. Ladd concurred.

Mr. Baumgardner advised that Agent Bland is currently assigned as Supervisor-in-Charge of the Communist Front Desk and assists in directing the activities of the two other supervisors assigned to this desk. In the summer of 1951 the Communist Party, USA, arranged for a group known as the American Committee to Survey Labor Conditions in Europe to penetrate the Iron Curtain. The Bureau was successful in having an excellent confidential informant go along with this group and upon his return the Bureau furnished detailed information brought back by him to highly interested military authorities. In this regard the Bureau was able to advise the Army regarding manufacturing conditions in Russia and the actual speed of automobile output in one plant in the USSR. Mr. Bland supervised this successful operation.

Mr. Baumgardner stated that in addition, Bland handles the supervision of matters involving various international Communist - inspired conferences, which are held in various countries of the world and are attended by Americans who are either Communists or Communist sympathizers. In connection with these conferences the Bureau keeps various interested government agencies advised regarding the identities of Americans who are in attendance. One example of this type of conference is the Moscow Economic Conference which is presently in progress. The Bureau has kept interested government agencies advised regarding the Americans in attendance at this conference.

Mr. Bland is also responsible for the case entitled "Nationalist Party of Puerto Ricol" Sell's dexcellent direction of this investigation has enabled the Bureauctonkeep inter ested government agencies advised on a current basis of the activities meeting of the American Ministers to American Republics was scheduled to be held in San Juan during the past summer. Then the Buneau above Then the Buneau Gavised

Memorandum to Mr. Glavin - continued

interested government officials regarding the general unrest and activity of Nationalist Party of Puerto Rico members at that time the scheduled meeting was postponed. The alert, intelligent supervision being given to the Nationalist Party at that time by Mr. Bland was responsible in no small measure for the Bureau's ability to be in a position to advise interested government officials regarding the activity of the members of this Party, thus assisting them in reaching their decision to postpone the meeting.

Mr. Baumgardner advised that Agent Bland is one of the better supervisors in the Internal Security Unit. He has an excellent knowledge of Bureau policy and uses sound judgment in applying that policy to the investigation of Communist front groups and related matters. He is an extremely enthusiastic and interested employee and has consistently put in a large amount of voluntary overtime.

Mr. Belmont advised that Mr. Bland is Supervisor-in-Charge of a group handling Communist front matters and has done an outstanding job in the supervision of these cases which has brought credit to the Bureau. In the recent Internal Security-Espionage schools, Bland actively participated in presenting internal security phases of the instruction and did a superior job in this respect. Mr. Belmont stated he definitely feels that consideration should be given to affording a meritorious increase to Bland.

#### JUSTIFICATION

It is believed that Agent Bland's performance conforms with one of the standards for Superior Accomplishment which provides as follows:

"Sustained work performance for a period of at least 3 months of such nature that it merits special recognition for superior accomplishment over and above the normal requirements of the employee's position, provided that his current performance rating is not less than "Satisfactory."

If the recommendation for a meritorious increase in salary for SA Bland is approved, it is suggested that the following be submitted to the Awards Committee of the Department in justification:

Memorandum to Mr. Glavin - continued

In view of the outstanding work performance of Agent Bland in connection with the internal security of the country of a highly confidential nature it is recommended that he be afforded a meritorious increase in salary. Although the details of the services performed by Agent Bland cannot be divulged for security reasons, it is considered his distinguished work performance was over and above the normal requirements of his position and warrants special recognition.

### RECORD AS BUREAU EMPLOYEE

A review of Agent Bland's file reflects he entered on duty with the Bureau as a Special Agent on 8-25-41 in grade CAF-9, \$3200 per annum. He has served in several Field Offices and was transferred to the Domestic Intelligence Division on 10-30-50. He was reallocated to grade GS-13 on 9-30-51, \$8360 per annum. He was rated Satisfactory on 3-31-52 by Mr. Baumgardner.

Agent Bland's overtime for the month of October, 1950, was 23 minutes; November, 2 hours, 45 minutes; and December, 2 hours, 28 minutes. During March, 1952, his overtime was 1 hour and 52 minutes.

A PERMANENT BRIEF OF HIS PERSONNEL FILE IS ATTACHED.

The two supervisors working under the supervision of Agent Bland had overtime in excess of 1 hour for the month of March, 1952.

#### RECOMMENDATION

In view of the outstanding manner in which Agent Bland has performed his assigned duties during the past year it is recommended that he be afforded a within grade salary increase in grade GS-13 from \$8360 to \$8560 per annum as a reward for his superior accomplishment.

Attachment

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May 12, 1952

Mr. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Mr. Bland:

I am writing to advise you that you have been recommended for a promotion from \$8360 per annum to \$8560 per annum in Grade GS 13, as an award for superior accomplishment. The effective date of this promotion will follow approval by the Committee on Superior Accomplishment Awards concerning which you will be advised later.

This action has resulted from your exceedingly fine work performance as a Supervisor in the Internal Security Unit of the Domestic Intelligence Division. You have exercised sound judgment in your direction of the many involved matters under your supervision and it is evident you have clearly kept in mind the ultimate ends to be attained. Please accept my sincere thanks and commendation for a job well done.

Sincerely yours,

CC: Mr. Belmont (PERSONAL ATTENTION)
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Karch 13, 1953

Ur. James F. Bland Federal Burgau of Investigation United States Department of Justice Washington, D. C.

Dear Ur. Bland:

I have been advised that you recently have devoted a considerable anount of personal time to duties in Assistant to the Director Ladd's office during an especially heavy work load.

Tour attitude and diligence were indeed commendable during this period and your willingness to accept personal inconvenience in order to keep work at the Dureau in a current status was in accordance with the highest standards of the FBI. I sinterely appreciate the high calibre of your services.

Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (P&C)

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7. BLOOD PRESSURE (Arm at SITTING DIAS. 72 DISTANT VI	<del></del>		53. œLoi Bl	R HAIR & CK		OLOR EY	s (	55	BUILD:		(111151)0/ AD	56 T	2 2-15 EMP.	
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2. HETEROPHORIA: (Specify distance) ES°		EX*	R. H.	/L, H,	· ·	PRISM			PRISM CO		PC		PD	
3. ACCOMMODATION		1 '		st used and result)		65. DEP (Test	used a	nd score)	CORRECT		7569			<del></del>
6. FIELD OF VISION	<del>,</del>	67. NIG	ormal HT VISION (Tex	t used and score)		63, RED	LENS		00111201		INTRAOCULA	R TENSION		<del></del>
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74. SUMMARY OF DEFECTS AN	D DIAGNOSE	S (List diagr			,,		•	,	<del></del>	·	<del></del>	<del></del>	سيبيب	
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75. RECOMMENDATIONS—FUR	THER SPECIA	LLIST EXAMI	NATIONS INDICA	TED (Specify)				•		76.	<del></del>	ICAL PROF		-1 <u>7</u> -
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77. EXAMINEE (Check)  [A] IS  QUALIFIED FOR	str	enuou	s phys	ical ex	ert	ion	& u	ise c	o <b>f</b>		РНҮС	CAL CATEG	ORY	<u> - </u>
IS NOT QUALIFIED FOR	fire	eárms.				<u></u>		<del></del>	<del></del>		<u> </u>	<del>-   -   -</del>	c T	
78. IF NOT QUALIFIED, LIST DE	SQUALIFYIN	e řefeciz á	I IIFW NOWBE	b7C						A	B		<u> </u>	
79. TYPED OR PRINTED NAME	OF PHYSICIA	AN - *	**	<del> </del>	- :	SIGNATUR	E		· · · · · · · · · · · · · · · · · · ·		- <u>.</u> !*			<del></del>
80. TYPED OR PRINTED NAME	OF PHYSICIA	W .				SIGNĄTUI	E.	***************************************		*******	<u> </u>			<del></del>
THE PERSON OF LIMITED INCOME.		-								-			***	
81. TYPED OR PRINTED NAME	OF DENTIST	OR PHYSICIA	N (Indicate wh	ich)		SIGNATUI	E	i			,	<del></del>		
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82. TYPED OR PRINTED NAME	OF REVIEWS	ng officer (				SIGNATUI	E _		ų -			_	NUMBER	R OF AT-

Standard Form 89
(Rev. Ang. 1950)
PROMULOATED BY
BUREAU OF THE BUDGET
CIECULAR A-24

# REPORT OF MEDICAL HISTORY THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS



7.	_				DDLE NAME	_			,		٦	2. GRA	DE AND	OMPON	ENT OR POSITI	ON		3. 1	DENTIFIC	ATION NO.
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4,	HOM	E ADDRE	SS (Nu	mber, stre	et or RFD,	city	or tor	on, zone and Slat	(e)	+		5. PURI	POSE OF	EXAMIN	ATION				ATE OF E	XAMINATION 1953
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				OR EXAM	INER, AND A	DDR	<u>  S</u>	Sour		16.	OTH	IER INFO	RMATIO	N						<del> </del>
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17.	STAT	EMENT	OF EXAM	IINEE'S PE	RESENT HEAL	TH	N OW	N WORDS. (Follo	ow by description of	pas	t his	tory, if	omplair	t exists)	ı <del></del>				· ,	· · · · · · · · · · · · · · · · · · ·
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~	_	LY HIST	50.014					<del></del>	·				79. HA	S ANY B	LOOD RELATIO	N C	Pare	nt. brother	sister. 0	ther)
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	2	SWOLI	EN OR P	AINFUL X	DINTS		4	ASTHMA			V	PILES	OR RECT	AL DISE	ASE		e	PARALYS	IS (Inc. i	nfantile)
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	2			SEVERE H		┞	H	CHRONIC COUGH		_	7	BOILS	OR ALE	NI NIMU	URINE	<u> </u>	7			LE SLEEPING
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	7			THROAT 1	TROUBLE	1	닏	CRAMPS IN YOU	<del></del>	-	1	<b>_</b>			OF WEIGHT		Ü	<b></b>		OR AMNESIA
	1	RUNNI	ng bars	<u> </u>			V	FREQUENT INDIG			L	<del> </del>			ATISM '		V	BED WET	TING	
	V	CHRO	IC OR F	REQUENT	COLDS		V	STOWACH, LIVER OF	INTESTINAL TROUBLE		2	BONE.	JÖINT, C	R OTHE	R DEFORMITY		7	NERVOUS	TROUBL	E OF ANY SORT
		<del>,</del>		OR GUM	TROUBLE	_	1		USLE OR GALL STONES	L	٢	LAME				_	4	ļ		RCOTIC HABIT
	1	SINUS				<del> </del>	日	JAUNDICE	ERUM, DRUG OR	_	1	<del> </del>			GER, OR TOE	-	1			ING HABIT
71	IAVE	HAY F		heck	h item)	<u> </u>	1	ANY REACTION TO S		22	FE				LDER OR ELBOW OU EVER-	<u>ہ</u>	<b>N</b>	PLETE THE		IDENCIES
			GLASSE			ı	u	ATTEMPTED SUIC	CIDE	╒		7	PREGNAI		V 1111	<u> </u>				MENSTRUATION
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	4	WORN	HEARIN	G AIDS			0	LIYED WITH ANYON TUBERCULOSIS	E WHO HAD			BEEN T	REATED F	OR A FEM	ALE DISORDER			DURATIO	n of per	iods
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's	NO	CHECK EACH ITEM YES OR NO. E	ERY ITEM CH	ECKED "YES" MUST	BE FULLY EX	PLAINED IN BLAN	SPACE ON RIGHT	ř	
		21. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:			b	- , , , ,			
	1	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.							-
	V	B. INABILITY TO PERFORM CERTAIN MOTIONS	74	·					•
7	V	C. INABILITY TO ASSUME CERTAIN POSITIONS							*
7	1	D. OTHER MEDICAL REASONS (If yes, give reasons)					-	1	,
	V	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	4						
	V	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)				ı		<i>-</i>	
	·V.	D. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	,	ŧ				_	
	/	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)		1.1	Tous	ilectomy	- 19, Pro	lapse.n	rectum
1		ANY OPERATIONS? (If yes, describe and give age at which occurred)	appena	zeromy - 5	, , , , ,	1	<b>)</b> . ~ ·	-	
	ر	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR. NMT (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)		<b>X</b>	A la	in an	m-ara-	i. lm	rkin
1		HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	Broke	leg-124	2; 00	ion wi	,	,, •••	
	V	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)		<b>,</b>	ů	•	•		
•	/	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)		-	•	~	-	-	
	V	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL OR OTHER REASONS! (If yes, give date and reason for rejection)	,	-			• .		,
*	'V	33. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONST (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or un- suitability)	,		,	-			*
,		33. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY! (If yes, specify what kind, granted by whom, and what amount, when, why)		* 1	35 a		-	-	•
ΑU	THORIZE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUP ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTION MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	LIED BY ME A D ABOVE TO FU	ND THAT IT IS TRU IRNISH THE GOVERN	E AND COMPLE MENT A COMP	TE TO THE BEST LETE TRANSCRIPT	OF MY KNOWLED OF MY MEDICAL I	SE RECORD FOR I	PURPOSES
0	R PRINT	FED NAME OF EXAMINEE		SIGNATURE					
	<del></del>	SUMMARY AND ELABORATION OF ALL PERTINENT DATA (	Shareigian aleri	somment on all nos	tine ameraere is	items of thru en	2 /2 +	- 4.5	* 1

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE ...

NUMBER OF ATTACHED SHEETS

\_ )





### ATTACHMENT TO STANDARD FORM.88 (Revised July 21, 1952)

Report of Medical Examination

### FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2	67
3	68
11	69
14	71 (unless other
17	examination indi-
62	cates desirable)
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee \_\_\_\_\_ qualified for strenuous physical (is/or is not) exertion. (Designate which)

#### FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

	<u> </u>			Mb		
If	answer	is	"yes"	please	specify.	

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

D HEARING BE COMPLETED IN DETAIL.

18 - 6 - 10

(Date)

(Date)

b6 b7C

# STANDARD FORM 50 REY, APRIL 1951 PROMULEATED BY U.S. CIVIL SERVICE COMMISSION CHAPTER RI-FEDERAL PERSONNEL MANUAL

# FEDERAL BUREAU OF INVESTIGATION WASHINGTON 25, D. C.

FORM APPROVED BUDGET BUREAU NO. 50-R064

Prepared by: Checked by:

T v. s. Government printing office 1952-204442

NOTIFICATION	$\bigcirc$ E	DEDCOMME	MOTION
ING III ICA IIGI		LEUSCHAINET.	MCILOIA

Filed by: 1. NAME (MR.-MISS-MRS.-FIRST-MIDDLE INITIAL-LAST) 3. JOURNAL OR ACTION No. 2. DATE OF BIRTH 4. DATE F. B. I. MR. JAMES F. BLAND 5-6-17 27370 7=3=53 This is to notify you of the following action affecting your employment: 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) 6. EFFECTIVE DATE 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY PROMOTION Schedule A Part 6.108 (E) 7-5-53 FROM 8. POSITION TITLE Special Agent same 9. SERVICE, SERIES, SALARY, GRADE **OS** 14 \$8760 per annum \$9600 per annum 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS FIELD DÉPARTMENTAL DEPARTMENTAL 12. FIELD OR DEPT'L ·F 13. VETERAN'S PREFERENCE 14. POSITION CLASSIFICATION ACTION' NONE I WWII OTHER! 5-PT. VICE I. A. REAL TO-POINT Delf A. Bryce DISAB. OTHER prom. GS 15 eff. 5-24-53 SUBJECT TO RETIREMENT (YES-NO) 15. | 16. SEX RACE 19. DATE OF APPOINT-MENT AFFIDAVITS (ACCESSIONS ONLY) 20. LEGAL RESIDENCE 17. APPROPRIATION S. & E., FBI CLAIMED PROVED 18. FROM: STATE: To: same Yes M APPROVED Juliel 1 DIRECTOR, F. B. I. The provisions of the Universal Military Training and Service Act of 1951 have been complied with. The classification grade of this position is subject to post-audit and correction pursuant to Section 1310 of the Supplemental Appropriation Act, 1952 – Public Law #253, approved 11-1-51. This promotion is temporary in accordance with Public Law approved 9-27-50. Prom. changed to perm acting 19534 SIGNATURE OR OTHER AUTHENTICATION

March 11: 1954

Personal and Contidential

e Herrichalter

Mr. James F. Bland Federal Eureau of Investigation Washington, D. C.

Dear Mr. Bland:

I am aware that you performed with genuine enthusiasm and disregard for personal convenience in connection with the preparation of material last week on the Nationalist Party of Puerto Rico.

Your unselfish and cooperative attitude in working throughout one entire night and part of the next day to expedite handling of the project is most gratifying to me, and I am taking this means to commend you.

MAILED 2 MAR 1 5 1954 COMM-FRI

Sincerely yours, Transport (Personal Attention) cc: Mr Belmont

LRH: rk *67–*200486

> RECEIVED READING ROOM He' MY SZ A II AA!,

MAR AND PRIDE

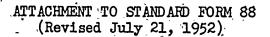
Tolson. Ladd. Nichols Belmont ... Clegg Glavir Harbo Rosea. Tracy, Gearty. Mohr. Winterrowd .... Tele. Room ...

Standard Form 88
(Rev. Aug. 1959)
PROMULGATED BY
CIECULAR A-24

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PROMULO BUREAU OF A	Form 88 1g, 1950) ATED BY THE BUDGET	DEDO:	RT OF MEDIC	CAL EVALUA	O .	4	
1. LAST NAM	R A-24 E=FIRST NAME=MIDDL	E NAME	OF MEDIC		O COMPONENT OR POS	SITION 3.	IDENTIFICATION NO.
	IND, JAMES	RFD, city or town, zone	and State)	5 PHIRPOSE C	SA OF EXAMINATION		DATE OF EXAMINATION
		202 2 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.000			"	
7. SEX	8. RACE	9. TOTAL YRS. GOVT. SE		T. AGENCY. OR SERVICE	YUAL 11. ORGAN	IZATION UNIT	10-4-54
M	White	MILITARY CIVIL	IAN .			-	_
12. DATE OF E			l l	TIONSHIP, AND ADDRESS	OF NEXT OF KIN	·	
5-6-1		r, Missouri					
	FACILITY OR EXAMINE	R, AND ADDRESS		16. OTHER INFORMATI	ION _		
	esda			<u></u>			
17. RATING OF	CLINICAL EVAL	HATION		TIME IN THIS CAPACITY:		LAST SIX MON	
NORMAL ABNO		om in appropriate col- . E.'Lif not evaluated)	commi	ent: continue in iten	n 73 and use addit	ional sheets if n	number before each
X MA	18. HEAD, FACE, NE		'- '		-		
<u>x</u>	19. NOSE	ord Arra Source	<del>-</del>				
x	20. SINUSES		-				
X.	21. MOUTH AND TH	IROAT					•
х	22. EARS-GENERAL	(Int. & ext.canals) (Auditor acuity under items 70 and 71	7				
х	23. DRUMS (Perfore	ilion)					
x		(Visual acuity and refraction under items 69, 60, and 61)					<u>.</u>
X	25. OPHTHALMOSCO						
<u> </u>	26. PUPILS (Equal)	<u> </u>	<u> </u>				
$\frac{x}{x}$		(Associated parallel mon- ments, nustagmus)					
$\frac{x}{x}$		EST (Include breasts)	<sup>*</sup>				
$\frac{x}{x}$	~- <del> </del>	, size, rhythm, sounds) TEM (Varkosities, etc.)	-	•			
√ X	<del></del>	VISCERA (Include hernia)					
$\langle x  $		TUM (Hemorrhoids, fistulas) (Prostate of indicated)					
18	33. ENDOCRINE SYS		_				
X	34. G-U SYSTEM		7			•	
X	35. UPPER EXTREM	ITIES (Nirength, range of motion)	-	•			
X	36. FEET				r		
X		AITIES (Except feet) (Strength sange of motion	07)				
X	38. SPINE. OTHER	<del></del>					
X		DDY, MARKS, SCARS, TATTO	os Append	ectomy NC	D		
x	40. SKIN, LYMPHAT	ICS Equilibrium tests under item 71		· · · · · · · · · · · · · · · · · · ·	-		• •
<del>\$</del>		pecify any personality deviatio					
Females on		(Check how done)	<del>"''</del>	- ·			
$\sim$		VAGINAL RECTAL		((	Continue in item 7	<b>'3</b> )	. •
S44. DENTAL (	Place appropriate symbo	ols above or below number of	of upper and lower teeth,	respectively)	REMA	RKS AND ADDITION	AL DENTAL DEFECTS AND
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Report of Medical Examination

### FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

· 2 - 3 - 11	67 68, 
14 17	71 (unless other examination indi-
62 65	cates desirable)

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee /3 qualified for strenuous physical (is or is not) exertion. (Designate which)

### FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

						No	 - *		 -1-	_
Ιf	answer	is	"yes"	please	specify.	•	 · ·	,		_
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IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

(Signature of Medical Examiner)
(Date)

Example - 17-200486-145

b6 b7C

April 19, 1955

Personal and Confidential

Mr. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Mr. Bland:

Tour able supervision at the Seat of Government of the investigation of the Internal Security Act of 1950 case involving the Labor Touth League has given me a great deal of satisfaction and pleasure.

I am aware that the over-all Bureau policy for handling cases such as this one presented to the Subversive Activities Control Board was established under your supervision of and I feel that its effectiveness is attributable to your excellent work in coordinating the program. It is a pleasure to extend to you my personal commendation for your exemplary services.

Sincerely yours, J. Edgar Hoover (Personal Attention)

CC: Mr. Belmont (Personal Attention)

LRH: rk )

67-200486

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Rased on memo to Wr. Relmonto from the sky Painting

Based on memo to Mr. Belmonto from Freshelmigardner dated 4/7/55, WCT:1fix and addendum of the Administrative.

Division dated 4/12/55, LBH: ilw.

COMM FBI APR 2 0 1955 MAILED 28 Apple Maria

APRICATION SHATION

10 Mark 26 APR 22 1955

Boardman Nichols Belmont Harbo Mohr Parsons Rosen Tamm Sizoo Winterrowd Tele. Room Tele. Room

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Standard Form 88
(Rev. Aug. 1950) PROMULGATED BY
BUREAU OF THE BUDGET
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# REPORT OF MEDICAL EXAMINATION

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(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)		76.	PHYSICA	L PROFILE		
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	4	.   _	Į-	· -		1
77. EXAMINEE (Check)  IS IS QUALIFIED FOR strenuous physical exertio	n and use of firearms	3.	PHYSICAL	. CATEGOR	Y	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		A	В	·c.	<u> </u>	E
and the second s	* Constant	<del></del>	<u> </u>		_ا_	<u> </u>
79. TYPED OR PRINTED NAME OF PHYSICIAN G. R. JOHNSTON, CDR, MC, USN	/s/ G. R. Johnsto	on				
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE	, , ,	•	~ _ ~	·4. ·4	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE		<del>,</del> :,	•	* '	
	/s/ A. T. Smith					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE		•			OF AT-

### ATTACHMENT TO STANDARD FORM 88 (Revised July 21, 1952)

Report of Medical Examination

### FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2	67
3	68
11	69
14	71 (unless other
17	examination indi-
62	cates desirable)
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

### FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee /5 qualified for strenuous physical exertion. (Designate which)

### FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

						No	 	
Ιf	answer	is	"yes"	please	specify.	e	 	

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

SEP 28 1955
(Date)

ENCLOSURA 6-1- 200 486-158

b6 b7C

November 17, 1955

Personal and Confidential

Ur. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Mr. Bland:

I wanted to advise you in this manner of my appreciation for your work on an important special project recently completed in the Domestic Intelligence Division.

You may well be proud of the fact you contributed materially to the over-all efficiency and thoroughness with which this matter was handled. It is a pleasure to commend you for discharging your particular responsibilities competently and enthusiastically.

> Sincerely yours, h6 b7C

J. Edgar Hoover

Mr. Belmont (Personal Attention)

MOL: js/ 67-200486 (4) Based on memo

SA Bland participated in handling and supervision of the Security Index Review project the Domestic Intelligence Division.

TREEFAL CHAEAU OF INVESTMATION

MAILED 2 NOV 1-8 1955

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Tamm Sizoo Winterrowd Tele. Room

Holloman

December 13, 1955

Personal and Confidential

Ur. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Ur. Bland:

I want to take this means to let you know how pleased I am with your particular services during the recent alert test.

The efficiency with which you, and your co-workers performed was certainly noteworthy, and I appreciate very much the ability and attention to duty you manifested.

Sincerely yours,

J. Edgar Hoover

CC: Mr. Belmont (Personal Attention)

HOL: js/ 67-200486

Based on memo Belmont to The Director 12/8/55

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December 22, 1955

Personal and Confidential

Ur. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Ur. Bland:

I am happy to express commendation to you in this way for your part in the development and handling of a program which has enabled the Bureau to obtain considerable information relative to internal security matters.

You may certainly be proud, as I am, of the results which have been attained and of your major contributions to the success of the program. I surely appreciate the exemplary guidance and direction which have been afforded the field in this connection by you and your fellow agents.

MAILED 2. DEC 2.3.1955 COMMERN

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February 8, 1956

Personal and Confidential

Ur. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Mr. Bland:

I have derived considerable satisfaction from the very favorable outcome of the investigation of an organization of interest to the Bureau in connection with internal security matters. You are to be commended for your particular contributions to the success achieved.

I have in mind the fact that you were largely responsible for the institution and correlation of the program under which matters of this type are handled. valuable services in setting up this program were responsible in no small part for the gratifying results which have since been accomplished.

MAILED 5 Essalia 66MM after

Nichols Belmont

Sincerely yours, Le Edgar Hoover

CC: Mr. Belmont (Personal Attention) Commendation is for the successful presentation of the case against the Veterans of the Abraham Lincoln Brigade before the Aubrersive Activities Control Board37.

MOL:js/ 67-200486

1/23/56 WCT: mag & RGH: m\$1: B 1/31/56.

FECSMAL CLASARY OF CONESTIGATION

56(4) Based on mémo Baumgardner to Belmont Addendum of Administrative Division

Holloman

### STANDARD FORM 50 REV. APRIL 1981 PROMULGATED BY U. S. CIVIL SERVICE COMMISSION CHAPTER RI, FEBERAL PERSONNEL MANUAL

### U. S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION WASHINGTON 25, D. C.

FORM APPROVED BUDGET BUREAU NO. 50-R064

Prepared by: p2

### NOTIFICATION OF PERSONNEL ACTION

Checked by:

1. NAME (MRMISS-MRSFIRST-MIDDLE INITIAL-LAST)	-	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	A. DATE
			F.B.L	
MR. JAMES F. BLAND	08714	5/6/17	13142	1/12/56
This is to notily you of the following action allecting your	employment:			
.5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	-	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTH	ER LEGAL AUTHORITY
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July 26, 1956

Personal and Confidential

Ur. James F. Bland Federal Dureau of Investigation Washington, D. C.

Doar Mr. Bland:

I am very happy to command you for your notoworthy services in connection with the recent Operation Alort,

The results achieved were indeed a credit to those of you who participated and reflect your efficiency and wholehearted devotion to cuty. You should be proud of your particular contributions to a job well done.

Sincorely yours,

J. Take MOYUE

CC: Mr. Belmont (Personal Attention)

2004配

HOL: hlb fat. (4)

67-200486

Based on memo Belmont to Nohr

7/26/56 AHB:11

Verrowd \_\_\_ e. Room = loman .

Standard Form 88 (Rev. Aug. 1950) PROMULOATED BY BUREAU OF THE BUDGET CIECULAR A-24

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### PORT OF MEDICAL EXAMINATION

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51. HEIGHT	52. WEIGHT		53. COLOR	HAIR	54. ∞	LOR EYES	55	. BUILD:			56. TEMP.	· .
68	68 184							SLENDER	ER MEDIUM HEAVY OBESE			
57. BLOOD PRESSURE (Arm	J			-		LSE (Arm at	heart level)	<u> </u>		<u> </u>		
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63. ACCOMMODATION				t used and result)	Ť	65. DEPTH PE (Test used	RCEPTION and score)	UNCORRECTE	D	1.7 1.794~ ~ 7.84		
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66. FIELD OF VISION		67. NIGHT V	vision ( <i>T</i> est	used and score)		68. RED LENS			69. IN	TRAOCULAR TE	ENSION	b.
70. HEARING.	71;		AU	DIOMETER	<del></del>	<del>,</del>	72. PSY	CHOLOGICAL AN	ID PSYCHO	MOTOR (Test	used and	score)
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73. NOTES (Continued) AND	SIGNIFICANT OR IN	TERVAL HIS	TORY	,								
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74. SUMMARY OF DEFECTS	AND DIAGNOSES (L	ist diagnoses	with item :	numbers)			ž		`			
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75. RECOMMENDATIONS—FO	IRTHER SPECIALIST	EXAMINATION	ONS INDIÇAT	TED (Specify)					76.	PHYSICAL	PROFILE	
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77. EXAMINEE (Check)							0.00			PHYSICAL	CATEGORY	
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78. IF NOT QUALIFIED. LIST	DISQUALIFYING DEF	ECTS BY IT	EM NUMBER	b6 b7c			1		<u> </u>	В	C	E
79. TYPED OR PRINTED NAM	E OF PHYSICIAN		т	• • •	S	IGNATURE	٠,		<u>-</u>	-	•	
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80. TYPED OR PRINTED NAM	E OF PHYSICIAN				s	IGNATURE	- v.			***	•- b6 b7	~ <del></del>
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81, TYPED OR PRINTED NAM	E OF DENTIST OR P	HYSIÇIAN ()	Indicate whi	ich)	S	IGNATURE 7	ر معال في دول	TENTH AND THE	t		-	-
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82. TYPED OR PRINTED NAM	E OF REVIEWING OF	FICER OR A	PPROVING A	UTHORITY	s	IGNATURE	•				NU	MBER OF AT- CHED SHEETS
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### ATTACHMENT TO STANDARD FORM 88 (Revised December 5, 1955)

Report of Medical Examination

#### FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2	67
3	68
11	69
14	71 (Item 71, audiometer examinations,
17	should be afforded whenever possible.)
62	•
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X-ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

### FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee (is or is not) qualified for strenuous physical exertion. (Designate which)

### FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms? Does examinee have any defects prohibiting safe operation of motor vehicles?

If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

ne of Medical Examiner)

**SEP** 13 1956

ENCLOSURE: 61-200 186-13 (Date)

BLAND, J.F.

b6 b7C Standard Form 88
(Rev. Aug. 1950)
PROMULOATED BY
BUBBAU OF THE BUDGET
CIRCULAR A-24

## REPORT OF MEDICAL EXAMINATION

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A HOUS IDDOS	IBLAND, JAMES FIELD SSUNumber, street or RFD, city or town, zone ar	1000	SPECIAL AGE			
		•	5. PURPOSE OF EXAMINATIO	N	6. DATE OF EXAMINATION	
	<u>ĒDALĖ AVE. BETHESDA, MD.</u>		ANNUAL	<u> </u>	9/2l1/57	
7. SEX 8	RACE 9. TOTAL YRS, GOVT, SER	•	Y, OR SERVICE	ORGANIZATION UNIT	•	
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12 DATE OF BIR	TH 13. PLACE OF BIRTH	14. NAME, RELATIONSHIP	AND ADDRESS OF NEXT OF I	CIN 🦸		
5/6/17	GGÓWÉR, MIŠSÖÜRI					
	ACILITY OR EXAMINER, AND ADDRESS	16. OT	HER INFORMATION			
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47			<u> </u>			
17. RATING OR S			THIS CAPACITY: TOTAL	LAST SIX I		
110000	CLINICAL EVALUATION	comment; con	tinue in item 73 and use	additional sheets	tem number before each if necessary.)	
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_	18. HEAD, FACE, NECK, AND SCALP					
	19. NOSE	<u>]·</u>				
	20. SINUSES	1				
	21. MOUTH AND THROAT		•		w	
	22. EARS-GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	1				
<del></del>	23. DRUMS (Perforation)	-		-		
		-{,				
	24. EYES—GENERAL (Visual acuity and refraction under stems 69, 60, and 61)	-	**		- A .	
NE	25. OPHTHALMOSCOPIC		,		<u> </u>	
	26. PUPILS (Equality and reaction)				anger .	
	27, OCULAR MOTILITY (Associated parallel mose-					
_3	28. LUNGS AND CHEST (Include breasts)					
3 1	29. HEART (Thrust, size, rhythm, sounds)		<del>-</del>			
	30. VASCULAR SYSTEM (Varicosities, etc.)	1			(2) TI	
	31. ABDOMEN AND VISCERA (Include hernia)	•				
<del>` - </del>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if undicated)				(2)	
. <del>-   </del>	33. ENDOCRINE SYSTEM					
<del>-  </del>		-			AGE.	
<del>                                      </del>	34. G-U SYSTEM				*	
	35. UPPER EXTREMITIES (Mrength, range of motion)	<u> </u>				
	36. FEET	_				
	37. LOWER EXTREMITIES (Strength range of motion	<u>,                                    </u>				
	38. SPINE, OTHER MUSCULOSKELETAL	1			•	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOO	s	ä			
XXX	40. SKIN, LYMPHATICS	Small mage I	eft shoulder	(2) Figgur	e, gluteal fold	
7-1	41. NEUROLOGIC (Equilibrium tests under item 72)				ortisone cream	
<del></del>	42. PSYCHIATRIC (Specify any personality deviation	(Observe)	1		or cream	
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remaies only	43. PELVIC VAGINAL RECTAL	1 PENCLOS	Continue in	501 - 000 to 31. 2	7 137	
	ce appropriate symbols above or below number of		. 1.222	REMARKS AND ADDIT	IONAL DENTAL DEFECTS AND	
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•	SUGAR MICROSCOPIC	SEE REPORT	·		* **	
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48, EKG	49. BLOOD TYPE AND RH SC FACTOR SC	. OTHER TESTS	*	_		
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7. BLOOD PRESSURE (Aim o			4.4	1 21(011)	. 2	<del>,</del>		ULSE (/17)	n at he	art level)		<u>~</u>	<u>بم</u>	<u>u u l</u>	70 • O +
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HEARING,	71.	<del></del> !-	AT - ET4-	A1	DIOMETI	R TA	A see	An a	*** ****	72. PSYC	HÓLOG	ÍCAL'ÁND	PSYCHO	MOTOR (Tests	used and score)
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4. SUMMARY OF DEFECTS A	ID DIAGNOS	ES (Li	ist diagnoses	with item	numbers	) -	,	ſ		٠					
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7. EXAMINEE (Check)	-	Stren	uous Phy	sical Ex	ertion	-	,		-	-					
IS NOT QUALIFIED FOR	សន្ទឹ	and ru	use of Fi	rearms.					3	<b>»</b>				PHYSICAL C	ATEGORY
8. IF NOT QUALIFIED, LIST D		NG DEF	ECTS BY IT	EM NUMBER	5, ,				<del></del>	7.	er a	-	Å	В	, c E
4 1 20			مد واع		_h6	<u> </u>		, rr		**************************************		, ,	٠ '		
9. TYPED OR PRINTED NAME	OF PHYSIC	IAŅ	ī		<b>-</b> рс b7С		S	IGNATURE	1,		7				*
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PATIENT'S LAST NAME—FIRST NAME—MIL	DOLE NAME				REGISTER NO		WARD NO. STAFF CLINIC
BLAND, JAMES FIELD	FBI		AGE	SEX	(Check one)  BEDSIDE, WHEELC OR STRETCHER	HAIR: BE	
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PERTINENT CLINICAL HISTORY, OPERATION		PROVISIONAL DIAGNOS	ois DI	<u> </u>			
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	7/45/	٠ <del>٢</del> ٥			DATE OF REPORT		
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# ATTACHMENT TO STANDARD FORM 88, REPORT OF MEDICAL EXAMINATION (Revised August 10, 1956)

#### FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER

Name of examinee:	Last	First	Middle	-
The following po	rtions of the	attached examination	report form need not be.	-
2 3 11 14 17	,		diometer examinations, forded whènever possible.):	
62 65		72	•	
Item 48, the elec 35 years of age or unle			ess the examinee is over ch is desirable.	• -
	not necessary		nd blood type and Rh factor for affording same are readily	
FOR ALL EXAMINEE OR EMPLOYEES:	s, whether	CLERICAL OR SPE	CIAL AGENT APPLICANTS	
The medical exa	miner should	answer the following	question:	
Examinee (is or	Zqualif iş not)	ied for strenuous phy	sical exertion. (Designate whic	eh)
FOR ALL MALE EMP	LOYEES OR	APPLICANTS:		
The medical exc	miner is requ	ested to answer the f	ollowing:	
l. Does examine defensive tactics and firearms? Yes	dangerous as	efects restricting or p signments which migh	prohibiting his participation in the entail the practical use of	
2. Does examin	ee have any d	efects prohibiting saf	fe operation of motor vehicles?	
If answer is "yes" ple	ase specify.			
			59, 61, 64 AND 70 PERTAINING COMPLETED IN DETAIL.	b6 <b>IG</b> . b7C
<del></del>				<u>, , , , , , , , , , , , , , , , , , , </u>
-		(Sie	gnature or medical Examiner)	
	1.1-	200 486-176	OCT 25.1957	
	61	200 486-176 Enclosure	(Date)	

Fig. 1. Use a Depts of Justice  5. Employer's some (and social security account number when appropriate)  Fig. 1AMPS P. BTARD  SA 08711:  PAY ROLL CHANGE DATA  BASE PAY OVERTIME  GROSS PAY RET. TAX. BOND F. I. C. A. NE  7. Previous normal  8. New pormal  9. Pay fife period  10. Remortes  11. Appropriation(s)  12. Prepared by  13. Audited by  14. Performance rating is satisfactory or better. case of waiting period.  15. The following period:  16. Cited step-increase  17. Previous (Check applicable fock in case of excess UNOP) during following period:  17. INFO 2016 [Fill in appropriately period]:  18. Performance rating is satisfactory or better. (Check applicable fock in case of excess UNOP) during following period.  17. INFO 2016 [Fill in appropriately period]:  18. Performance rating is satisfactory or better. (Check applicable fock in case of excess UNOP) (Check applicable fock in case of excess UNOP)  18. Performance rating is a satisfactory or better. (Check applicable fock in case of excess UNOP)  18. Performance rating is satisfactory or better. (Check applicable fock in case of excess UNOP)  18. Performance rating is satisfactory or better. (Check applicable fock in case of excess UNOP)  18. Performance rating is satisfactory or better. (Check applicable fock in case of excess UNOP)  18. Performance rating is satisfactory or better. (Check applicable fock in case of excess UNOP)  18. Performance rating is satisfactory or better. (Check applicable fock in case of excess UNOP)  18. Performance rating is satisfactory or better. (Check applicable fock in case of excess UNOP)  18. Performance rating is satisfactory or better. (Check applicable fock in case of excess UNOP)	٩	*6		<u></u>		<b>☆ ∪</b> ,	s vernme	NT PRINTI	NG OFFICE:	1952 - 997374
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8. New normal  9. Pay this period  10. Remarks  11. Appropriation(s)  12. Prepared by  13. Audited by  14. Effective 15. Date last squiredent increase rate increase rate increase  14. Effective (Fill in appropriate spaces covering LWO? during following periods):  15. WOP date (Fill in appropriate spaces covering LWO? during following periods):  16. Performance rating is satisfactory or beller.  (Signature or other outperlication)  (Check applicable box in case of excess LWO?)  (Check applicable box in case of excess LWO?)  (Check applicable box in case of excess LWO?)  (In pay status at end of waiting period.)		BASE PAY	OVERTIME	GROSS PAY	RET. TAX	BOND	F. I. C. A.			NET PAY
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(Check applicable box in case of excess LWOP)  during following periods):  Period(s):  In pay status at end of waiting period.  In LWOP status at end of waiting period.	7_7],_47	7-74-4	\$ 817,610	877.880		15/	≛ (Signature	or other ou	of utbentication)	<del></del>
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STANDARD FORM NO. 1126d—Revised Form prescribed by Comp. Gen., U. S. Nov. 8, 1950, General Regulations No. 102	STANDARD FO	RM NO. 1126d-	-Revised U, S.		PAY I	ROLL CHANGE	SLIP—PERSO	NNEL ,COI	Ý	MAN

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#### EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE

Federal Employees' Compensation Act

This notice should be submitted to the immediate superior by an injured civil employee of the Federal Government, or by someone on his behalf, within 48 hours after the injury. Notice may be given either personally or by mail. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift when injury occurred, or results in any charge against the Bureau for medical expense, when it should be forwarded to the U. S. DEPARTMENT OF LABOR, Bureau of Employees' Compensation, together with the official superior's report of injury, Form C. A. 2. Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Bureau.

	•	
	Date of this notice. February 28,	19 <u>57</u>
1.	1. I hereby certify that I am employed as a <u>Special Agent</u>	
	(Occupation)	
	at the FBI, U. S. Dept of Justice, Washington, D. C.	
	(Place of employment)	
	and on Wednesday February 27 , 19 57, at 11:30 (Date) (Date) (Hour, a. m. or p. m	$a_{\rm m}$
	(Day of week) (Date) (Hour, a. m. or p. m	i.) 
	I was injured in the performance of my duties at <u>the U. S. Department of Justi</u> (Location where injury occurred)	ice
	_Building Gymnasium .	
2.	2. Cause of injury <u>no apparent cause of injury</u>	
₩.	(Describe as best you can how and why injury occurred)	*******
	•	
	mulled and etnained museles in ealf of right lea	
3.	3. Nature of injury <u>pulled and strained muscles in calf of right leg</u> (Name part of body affected—fractured left leg, bruised right thumb, etc.)	,
	(Name part of body anected—stated lets leg, braised right diamb, etc.)	
		·
1	4. Names of witnesses to injury	
₩.		********
	Mr. William P. Jones	
	<i>Mr</i> • b7c	
	147 •	
5.	5. If this notice was not given within 48 hours after the injury, explain reason for delay and stat	e name
	of person to whom notice was first given, and when	
	This injury was not caused by my willful misconduct, intention to bring about the injury or d	looth of
m	myself or of another, nor by my intoxication, and I hereby make claim for compensation and i	
	treatment to which I may be entitled by reason of the injury sustained by me.	incuicai
-		*
	Name James fr. Bland	
	Address 4310 / Casedale Hve.	
	Q \( \text{(Street and number)} \)	1
_	C. A. 1 Revised October 23, 1952  U. S. GOYERNMENT PRINTING OFFICE 18-45368-5  (City or town)  (State	de_
Re	Revised October 23, 1952 U. S. GOVERNMENT PRINTING OFFICE 16-45368-5 (City or town)	e)

## OFFICE SUPERIOR'S REPORT OF IN ORY

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU or Employees' Compensation, Washington 25, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. I.]

	1.	Department J. S. Dept of Justice2. Bureau or office
Place of	8.	(War, Navy, etc.) Place of employment
employment		(Arsenal, navy yard, etc.) (City) (State)  Reporting office
	5.	(Location of reporting office or division headquarters)  Name of superintendent or foreman in charge when injury occurred
	10.	Name of injured employee James F. Bland 7. Age 39. 8. Sex. Male 9. Race White  Home address 4310 Rosedare in Maryland  (Street and number) (City or town)  (Give toth, as laborer, hull division; helper, machine shop, etc.)
		work? yes If not, what work?
The injured	13.	Total length of service with the Government as a civilian?
employee		Dates of other injuries
	16.	Rate of pay on date of injury \$ // (6 / 10 per annum) and subsistence valued at \$ 10 per annum
		5:30 Park
		Employee begins work at 9:00 a. m. 18. Regular day's work ends 5:30 p. m.  Hours worked per day 8 (Hour, a. m. or p. m.)  20. Days paid per week 5
* *	21.	Place where injury occurred in gymnasium, of Justice Building
	22.	Place where injury occurred 111 9 9 11 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
		Date employee stopped work no loss, of work week hour of day (a.m. or p. m.)
	-	Date employee's pay stopped, 19; day of week; hour of day m.
		Has employee returned to work?(Give date and hour)  Will employee receive pay for any portion of above absence on account of:
		(a) Annual leave
		(b) Sick leave
	27.	Describe in full how injury occurred Injury occurred while attending scheduled supervised physical training. No. apparent cause for injury.
÷		State part of body injured and nature and extent of injury
The injury	29.	Did injury cause loss of any member or part of member? If so; describe exactly
	80.	Was employee injured while in performance of duty?
	31.	Was injury caused by:  (a). Willful misconduct of the employee?
	32.	Was written notice of injury given within 48 hours? <u>yes</u> If not, did immediate superior have actual
		knowledge of injury?(Answer to question 5; Form C. A. 1, must be complete if notice was not given within 48 hours)
	33.	Names and addresses of witnesses to injury
	<u>-</u> }-^.	Mr:-William P: Jones - 7611 Nancemond St. Springfield, Va. b7C
•	34.	(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)  Was injury caused by a third party other than a Government employee or agency?
		(A detailed statement should be forwarded with this report)
	35.	Name and address of physician who first attended case NONE
Medical		How soon after injury?N/A
attendance		To what hospital sent?NLALocation
	~	Name and address of physician now attending case
Signed this	28	Fashington S.C.
C. A. 2 Revised May 2	4, 195	0 10-6027-4 (OVER)

#### STATEMENT OF WITNESSES

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	AV M. ARV RI SHOOL ESERW EWVIIWHN WOR OU ESVEIN
	***************************************
*	
Signed thisday of	
Signed thisday of	(Signature of witness)
	(Signature of witness)
	ERNMENT MEDICAL, OFFICER, OR PHYSICIAN WHO FIR
	(Signature of witness)
	ERNMENT MEDICAL OFFICER, OR PHYSICIAN WHO FIR EXAMINED CASE
TATEMENT OF GOVE	ERNMENT MEDICAL OFFICER, OR PHYSICIAN WHO FIR EXAMINED CASE  (Name of employee) was given first-aid treatment, or examined the example of employee.
TATEMENT OF GOVE	ERNMENT MEDICAL OFFICER, OR PHYSICIAN WHO FIR  EXAMINED CASE  was given first-aid treatment, or examination of the statement
I CERTIFY thatability will be	ERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIR  EXAMINED CASE   was given first-aid treatment, or examination of employee)  yas given first-aid treatment, or examination of employee  (Name of employee)  yas given first-aid treatment, or examination of employee  (Was or was not)  'In my opinion disability (Was or was not)  (Was or was not)
I CERTIFY thatability will be	ERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIR  EXAMINED CASE   was given first-aid treatment, or examination of employee)  yas given first-aid treatment, or examination of employee  (Name of employee)  yas given first-aid treatment, or examination of employee  (Was or was not)  'In my opinion disability (Was or was not)  (Was or was not)
I CERTIFY thatability will beture of injury as found on exam	ERNMENT MEDICAL, OFFICER, OR PHYSICIAN WHO FIR  EXAMINED CASE   was given first-aid treatment, or examination  (Name of employee)  "In my opinion disability (Was or was not)"  (Was or was not)  (Was or was not)  (Was or was not)
I CERTIFY thatability will beture of injury as found on exam	ERNMENT MEDICAL, OFFICER, OR PHYSICIAN WHO FIR  EXAMINED CASE   was given first-aid treatment, or examination  (Name of employee)  "In my opinion disability (Was or was not)"  (Was or was not)  (Was or was not)  (Was or was not)
I CERTIFY that	ERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIR  EXAMINED CASE   was given first-aid treatment, or examination  (Name of employee)  (Name of employee)  (Was or was not)
I CERTIFY that	ERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIR  EXAMINED CASE  was given first-aid treatment, or examination  (Was or was not)  Other disposition
I CERTIFY thatability will beture of injury as found on examinating spitalizedschargedscharged	ERNMENT MEDICAL, OFFICER, OR PHYSICIAN WHO FIR EXAMINED CASE  was given first-aid treatment, or examination  (Name of employee)  was given first-aid treatment, or examination  was given first-aid treatment, or examination  (Was or was not)  (Was or was not)  (Was or was not)  (Was or was not)  Other disposition
I CERTIFY thatability will beture of injury as found on examinations are spitalizedscharged	ERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIR  EXAMINED CASE   (Name of employee)  , 19 , at m., and (Was or was not)  'In my opinion disability (Was or was not)  will return for further treatment  Other disposition
I CERTIFY that	ERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIR  EXAMINED CASE  was given first-aid treatment, or examination  (Name of employee)  , 19
I CERTIFY thatability will beture of injury as found on examinating the scharged	ERNMENT MEDICAL, OFFICER, OR PHYSICIAN WHO FIR EXAMINED CASE  was given first-aid treatment, or examination disabled for work. Probable length (Was or was not) due to injustion will return for further treatment  Other disposition:
I CERTIFY that	ERNMENT MEDICAL, OFFICER, OR PHYSICIAN WHO FIR EXAMINED CASE  was given first-aid treatment, or examination disabled for work. Probable length (Was or was not) due to injustion will return for further treatment  Other disposition:
I CERTIFY thatability will beture of injury as found on examinating the scharged	ERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIR  EXAMINED CASE   was given first-aid treatment, or examination with the state of the state

Standard Horm 88

"(Rev. Aug. 1950)

- Promulgated by Bureau of the Budget
Circular 4-24

### ORTOF MEDICAL EXAMINATIO

CIRCULAR A-24		W. S. Minney	is summing to	<b>.</b>	₹
I. LAST NAME-FIRST I	AME-MIDDLE NAME	115	2. GRADE AND COMPONENT	r or position	3. IDENTIFICATION NO.
	Bland, James F.	ON.	special a	200,0	
. HOME ADDRESS (Nu	mber, street or RFD, city or town, zone	and State)	5. PURPOSE OF EXAMINATI		6. DATE OF EXAMINATION
	ile Ave., Bethes		annual es	ram	Sep. 9, 1958
SEX 4 8.4RACE	9. TOTAL YRS, GOYT, SE	ERVICE 10. DEPARTMENT.		. ORGANIZATION UNIT	
m wh	ite MILITARY CIVIL		ì	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIO	MSHIP, AND ADDRESS OF NEXT OF	KIN	<del></del>
5-6-17	Gower, Missour	i		_	
EXAMINING FACILITY	OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	<del></del>	
	V.N.M.C.				
RATING OR SPECIALT	Y	'	AE IN THIS CAPACITY: TOTAL	LAST SIX	MONTHS
	IICAL EVALUATION	NOTES.—Describe	every abnormality in detail. t; continue in item 73 and us	(Enter pertinent	item number before each
RMAL ABNOR- (Che	ck each item in appropriate col- n; enfer "N. E." if not evaluated		., continuo in non vo una do		-
<del>                                     </del>	AD, FACE, NECK, AND SCALP	4	-	<del>-</del>	
19. N	DSE	=			
20. SI	NUSES	_			
21. M	OUTH AND THROAT	7			
22. E/	RS-GENERAL (Int. & est. canals) (Audito	7			
23, DI	RUMS (Perforation)				
24. E	ES-GENERAL (Visual acusty and refractive and second terms 69, 60, and 61)	on			
NE 25. o	PHTHALMOSCOPIC				
	IPILS (Equality and reaction)			1.	
27. 0	CULAR MOTILITY (Associated parallel mor	M-3			
	INGS AND CHEST (Include breasts)				
29. H	EART (Thrust, size, rhythm, sounds)				
30, V	ASCULAR SYSTEM (Varicosities, etc.)				
	BDOMEN AND VISCERA (Include herñia)				
32. A	NUS AND RECTUM (Hemorrhoids, fistulas) (Prostate if undicated)				
33. E	NDOCRINE SYSTEM				
	-U SYSTEM				
35, ບ	PPER EXTREMITIES (Mreng'h, range of motion)				
36. F					
37, Ĺ	OWER EXTREMITIES (Except feet) (Strength range of mot	ion)	الميا المسلمان		
38. s	PINE, OTHER MUSCULOSKELETAL	<u> </u>	The first and the second of th		
39. 11	DENTIFYING BODY MARKS, SCARS, TATTO	oos	H		*
40. S	KIN, LYMPHATICS -	_ /.	, ~ // A		
41. N	EUROLOGIC (Equilibrium tells under Gem'?	"Timiches	Take W		
(°, 42. P	SYCHIATRIC (Specify any personality deviati	on)		200110	1 100
males only	(Check how done)	***	CORDED - 1267-	90048	6-1801
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0.—Resto I.—Nonse	rable teeth $X-M$ issing t storable teeth $XXX-R$ eplaced	by dentures (6 × 8)	Fixed bridge, brackets to include abutments		
		· · · · · · · · · · · · · · · · · · ·	-,		lental standard
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·			Y FINDINGS.		
, URINALYSIS: SP. G		46. CHEST X-RAY (Place, d	ate, film number, result)	47. SEROLOGY (ST	pecify test used and result)
BUMIN SUGAR	MICROSCOPIC				•
ieg. ne		052589C	neg.	$\_$ $neg.$	
L EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS	-		- • <b>&gt;</b>
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57. BLOOD PRESSURE (Arm at heart level)		PULSE (Arm a		olon - La trois			
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59. DISTANT VISION 60.	REFRACTK				~	NEAR VISION	100
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62. HETEROPHORIA:  (Specify distance) ES <sup>6</sup> EX <sup>C</sup> R. H.	L H,	PRISM DIV		PRISM CONV.		PĆ	PD
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74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers		am paper ij n	ccessury)	<del></del>			1
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75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Spe	cify)		-	76		PHYSICAL PR	OFILE
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82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORIT	Υ .	SIGNATURE		<u>~</u> :			NUMBER OF AT-
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORIT	Υ'	SIGNATURE		<u></u>	<del></del>		NUMBER OF AT- TACHED SHEETS

Rev. August 1954
Promulgated
By Bureau of the Budget
Circular A—32 CLINICAL RECORD CONSULTATION SHEET REQUEST TO: FROM: (Requesting ward, unit, or activity) DATE OF REQUEST EAR CLINIC STAFF CLINIC 9-9-58 REASON FOR REQUEST (Complaints and findings) molore This SA, FBI appeared this date forhis annual physical examination and it was noted that he has neverbeen afforded an audiogram. Ple ase, do an audiogram for record pirposes. Thank you, PROVISIONAL DIAGNOSIS DOCTOR'S SIGNATURE EMERGENCY APPROVED PLACE OF CONSULTATION BEDSIDE DEN CALL USN CONSULTATION REPORT MC. (Continued on reverse side) SIGNATURE AND TITLE DATE IDENTIFICATION NO. ORGANIZATION PATIENT'S IDENTIFICATION (For typed or written entries five: Name—last, first, middle; grade; date; hospital or medical facility) REGISTER NO. WARD NO. CONSULTATION SHEET BLAND, JAMES FIELD SPECIAL AGENT, FBI Ståndard Form 513

U. S. GOVERNMENT PRINTING OFFICE : 1957-0-437819 16-56119-5

ENCLOSURE 67-215 Art -1-2

#### ATTACHMENT TO STANDARD FORM 88, REPORT OF MEDICAL EXAMINATION

#### FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER

Name	of Examinee:	Bland	James	F.
(Type o	or print)	Last	_ First	Middle
T	he following porti	ons of the attached ex	amination report form ne	ed not be completed.
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49 <u>.</u> Is	necessary unless	facilities for affordin	ng same are not readily o	vailable.
71. Á	udiometer examina	ations should be afford	led whenever possible.	
FOR A	LL EXAMINEES,	WHETHER CLERICA	L OR SPECIAL AGENT	APPLICANTS
OR EM	PLOYEES:		-	
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(7-211016-180

Weights for Males

Height	SMALL FRA	ME	MEDIUM FR	AME	LARGE F	RAME
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5 5	124-134	146	132-142	155	140-152	166
5 . 6	128-138	151 -	136-146	.160	144-157	_ 172
5 7	131-142	155	140-151	165	148-161	176
5 8	135-146	160	144-155	170	152-165	181
5 9	139-150	164	148-159	174	156-170	186
5 10	, 143-154,	168	. 152-163	178	160-175	192
5 11	147-159	1.74	156-168	184	164-180	197
6 0	152-164	179	161-173	189	169-185	203
6 ,1	158-170	186	166-179:	196	174-191	. 209
6 2	163-175	192	171-184	201	179-197	216
6 3	168-180	197	176-189	207	184-202	. 221
6.4	174-186	204	182-195	214	190-208	228
6 5.	* 180-191	209	188-201	-220	196-214	234

3.	Examinee's frame is small medium large
<b>4</b> .	Considering above weight table, the examinee's frame and other individual physical characteristics, I consider his present weight
5.	Under proper medical supervision, examinee should lose pounds
	gainpounds
Re	marks: <u> </u>
	b6 b7

OCT 2 (Date)

of Medical Examiner)

# Office Memorandum • UNITED STATES GOVERNMENT

TO

DIRECTOR, FBI

DATE: February 19, 1958

FROM

A. H. BELMONT

SUBJECT:

SA JAMES F. BLAND

Subversive Control Section Domestic Intelligence Division

#### ATTITUDE

The purpose of this memorandum is to report that the captioned employee reported for work on 2-18-58, notwithstanding the extremely hazardous travel conditions. In accordance with the Director's instructions this is to be made a matter of record in the employee's personnel file and considered as a COMMENDATION.

On Saturday, 2-15-58, the Washington, D. C., area was blanketed by fourteen inches of snow as a result of a storm which the Weather Bureau termed the worst that has struck this area in twenty-two years. Thereafter, high winds and near zero temperatures set in for several days making travel conditions extremely hazardous.

On Monday, 2-17-58, in recognition of the hardships and hazards that Federal Government employees would face in coming to work, a White House announcement was made encouraging such employees to stay home and take a day of annual leave. During the late afternoon of 2-17-58, a further official announcement emanated from the White House instructing that all Government employees who were not considered essential would be excused from work on 2-18-58 on Administrative Leave.

The captioned employee considered his work and his services to the FBI so essential that in spite of the foregoing announcement he took it upon himself to come to work and perform his regularly assigned duties. This is considered a highly exemplary attitude on the part of this employee and his actions in this instance certainly demonstrate his devotion to duty and the fact that he places his employment with the FBI above his personal convenience.

#### RECOMMENDATION:

That this memorandum be placed in the employee's personnel file.

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	DIAS. 74  DIAS. 74  DISTAN  20  20  PHORIA (Specif  EX  ACCOMM(  F VISION  HEARIN  /IS  /IS  Continued) AN	SYS. 124: FROM BENT DISTANT VISION  20 CORR. TO 2  PHORIA (Specify distance)  EX*  ACCOMMODATION  LEFT  F VISION  HEARING  /15 SV  /Continued) AND SIGNIFICATION  CONTINUED AND SIGNIFICATION  // Continued AND SIGNIFICATION	SYS. 124: From SYS. 128  DIAS. 74 BENT DIAS. 68  DISTANT VISION  20 CORR. TO 20/ PHORIA (Specify distance)  EX* R. H  ACCOMMODATION  LEFT  F VISION  HEARING  /15 SV /15  (Continued) AND SIGNIFICANT OR INTERVALA  (CONTINUED) AND SIGNIFICANT	DIAS. 74 RECUM DIAS. 68 STANDI (3 mir DISTANT VISION 60.  20 CORR. TO 20/ BY PHORIA (Specify distance)  EX° R. H.  ACCOMMODATION 54. COL  LEFT A (67. NIG  HEARING 71.  //15 SV //15  //15 SV //15  Continued) AND SIGNIFICANT OR INTERVAL HISTOR	SYS. 124: FROM SYS. 128  DIAS. 74 BENT DIAS. 68 (S. min.) DIV  DISTANT VISION  CORR. TO 20/ BY  PHORIA (Specify distance)  EX° R. H. L  ACCOMMODATION  HEARING  71.  715 SV 715  RIGHT VISION  CONSINUED) AND SIGNIFICANT OR INTERVAL HISTORY	SYS. 124: From SYS. 128 DIAS. 74 BENT DIAS. 68 (3 min.) DIAS.  DISTANT VISION 60.  20 CORR. TO 20/ BY S. PHORIA (Specify distance)  EX* R. H. L. H.  ACCOMMODATION 64. COLOR VISION (Test AOC 1940)  F VISION 71.  HEARING 71.  JIS SV JIS RIGHT LEFT CONTINUED SIGNIFICANT OR INTERVAL HISTORY	SYS. 124: FROM SYS. 128  DIAS. 74 BENT DIAS. 68 (S. min.) DIAS. 68  DISTANT VISION 60. REFRACTION  CORR. TO 20/ BY S.  PHORIA (Specify distance)  EX° R. H. L. H. F.  ACCOMMODATION 61. COLOR VISION (Test used and and and and and and and and and an	SYS. 124: Free SYS. 128 DIAS. 74 BEUM: DIAS. 68 Gainin.)  DISTANT VISION  CORR. TO 20/  EX* R. H. L. H. PRISM DIAS.  ACCOMMODATION  LEFT  ACCOMMODATION  HEARING  71. AUDIOMETI  715 SV  715 SV  715 SV  715 RIGHT  LEFT  COntinued) AND SIGNIFICANT OR INTERVAL HISTORY  (Use additional sheets	SYS. 124: From SYS. 128  DIAS. 74 RECIMIDIAS. 68  DISTANT VISION  CORR. TO 20/  BY  S.  OX  PHORIA (Specify distance)  EX°  R. H.  L. H.  PRISM DIV.  ACCOMMODATION  64. COLOR VISION (Test used and result)  AOC 1940 18-18  FVISION  71.  AUDIOMETER: PORTOR (SOUTH OF INTERVAL HISTORY)  (Use additional sheets if necess)	SYS. 124: F. S. CT. CSYS. 128  DIAS. 74  RECUM: DIAS. 68  DISTANT VISION  CORR. TO 20/  BY  S.  OX  20  CORR. TO 20/  EX°  R. H.  L. H.  PRISM DIV.  ACCOMMODATION  LEFT  AOC 1940  F. VISION  F. VISION  F. VISION  F. VISION  Continued) AND SIGNIFICANT OR INTERVAL HISTORY  (Use additional sheets if necessary)	SYS. 124: F. C. SYS. 128  DIAS. 74 RECUB! DIAS. 68 (3 min.)  DISTANT VISION  60. REFRACTION  20 CORR. TO 20/ BY S. OX  20 CORR. TO 20/ BY S. OX  PHORIA (Specify distance)  EX* R. H. L. H. PRISM DIV. PRIS  ACCOMMODATION  63. COLOR VISION (Test used and result)  65. C  F VISION  68. 82  68. 82  69. REFRACTION  69. REFRACTION  60. REFRACTION  60. REFRACTION  60. REFRACTION  60. REFRACTION  60. REFRACTION  60. REFRACTION  61. COLOR VISION (Test used and result)  65. C  66. COLOR VISION (Test used and result)  66. COLOR VISION (Test used and result)  67. NIGHT VISION (Test used and score)  68. R  68. 82	SYS. 124: FROM CONSTRUCTION STANDING DIAS. 68 STANDING OF THE PROPERTY OF THE	SYS. 124: F. Cor CSYS. 128  DIAS. 74 RECUM DIAS. 68  STACHING (3 min.) DIAS. 68  DISTANT VISION  CORR. TO 20/  BY  S. OX  20 CORR. TO 20/  BY  S. OX  20-6  PHORIA (Specify distance)  EX°  R. H.  L. H.  PRISM DIV.  PRISM DIV.  PRISM CONV.  CT  ACCOMMODATION  ST. NIGHT VISION (Test used and result)  LEFT  AOC 1940 18-18  F VISION  TI.  AUDIOMETER: P  AUDIOMETER: P  TO.  TO.  TO.  TO.  TO.  TO.  TO.  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PSYCHOLOGICIAL (Test) used and sore)  CONTINUED AND SIGNIFICANT OR INTERVAL HISTORY  (Use additional sheets if necessary)	SYS. 124: TP-07 CYS.128  STANDING DISS. 74 BENT DIAS. 68  SYS. NA. SITTING B. AFFER EXERCISE C. 2 MIN. AFTER DIAS. 68  SYS. NA. SITTING B. AFFER EXERCISE C. 2 MIN. AFTER DIAS. 68  DISTANT VISION  SO. REFRACTION  SO. REFRACTION  SO. OX  20 CORR. TO 20  BY S. OX  20-6 CORR. TO  20 CORR. TO 20  BY S. OX  20-6 CORR. TO  20-70  PHORIA (Specify distance)  EX* R. H. L. H. PRISM DIV.  ACCOMMODATION  LEFT AOC 1940 18-18  FVISION  FVISION  FVISION  FO. TO 18-18  FVISION  FVISI	SYS. 124: PRODE CYS. 128 DIAS. 68 SUT DIAS.





CLINICAL RECORD	CONSULTATION SHEET								
-	REQUEST								
D: PLASTIC SURGERY	FROM: (Requesting ward, unit, or activity) STAFF CLINIC	٠,	DATE OF REQUEST 8-19-59						

This FBI SA appeared this date for annual physical examination. He reveals a small firm superfical mass on the point of left shoulder. He states it is tender to pressure.

He also has a pigmented mole in the left malar region.

Please examine an	d advise	re	remova	1.
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PROVISIONAL DIAGNOSIS	b6 b7C	,	
DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION  BEDSIDE MON CALL	EMERGENCY
-	CON	SULTATION REPORT	

@ 1300 9-15-59

To excision 9-29-59

9-29-59

Excised.

Sutures out of face Shoulder redressed.

	(Continued	on reverse side)		<b>n</b>	
SIGNATURE AND TITLE	DATE	IDENTIFICATI	ON NO.	ORGANIZATION	
PATIENT'S IDENTIFICATION (For typed or written middle; grade; date;	entries give: Nar hospital or medic	no—last, first, cal facility)	REGIST	ER NO.	WARD NO.

Bland, James F. FBI CONSULTATION SHEET

Standard Form 513

### ATTACHMENT TO STANDARD FORM 88, REPORT OF MEDICAL EXAMINATION

#### FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER

Nan	ne of Examinee:	BLAND	DITAN	IES F.
$(T_{\gamma p}$	e or print)	Last	First	Middle
	The following port	ions of the attached o	examination report fo	orm need not be completed:
	~	2,	62	
	`	3. 11	65 67	
		11	68	
	•	17	.69	
		46	71	•
		48	72	
		49		
46.	Is necessary unles	s facilities for afford	ling same are not rec	adily available:
48.	Not required unles is desirable.	ș.examinee is.over 3	5 years of age or exc	mination indicates such
49.	Is necessary unles	s facilities for afford	ling same are not rec	adily available.
71:	Audiometer examin	nations should be affo	orded whenever poss	ible.
FOR	R ALL EXÁMINEES	WHETHER CLERIC	CALLOR SPECIAL.A	GENT APPLICANTS
	EMPLOYEES:	7, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<u> </u>	DWI DO I DDO.	•		
	The medical examiner	should answer the follow	ing question:	
	Examinee is	is not qualifi	ed for strenous phys	ical exertion.
ŤΩ	DE ANGMEDED IN	THE CASE OF ALL	MAI'E EMBİ OVEĞ	S AND MALE APPLICANTS:
	DE ANOUELLED IN	THE ONOL OF ALL	WINDS DWI BOTTE	WALLE AT I BLOAKTO.
1.	tacties and danger		ch might entail the p	is participation in defensive ractical use of firearms?
		<del> </del>	<u> </u>	
2.		ve any defects prohib es. If "yes" please s		
		* ***		

67-189

#### Weights for Males

	Height	SMALL F	RAME	MEDIUM FR	AME	LARGE F	RAME
Fee	t-Inches	Desirable	Maximum	Desirable	Maximum	Desirable	Maximum
5_	4	121-131	143	129-139	152	136-148	162
5_	5	124-134	146	132-142	155	140-152	ì66
5	6	128-138	151	136-146	160	144-157	172
5_	7	131-142	155	140-151	165	148-161	176
5_	8	135-146	160	144-155	170	152-165	181
5	9	139-150	164	148-159	174	156-170	186
5	10	143-154	168	152-163	178	160-175	192
5	11 .	147-159	174_	156-168	184	164-180	197
6	0	152-164	179	161-173	189	169-185	203
6	1	158-170	186	166-179	196	174-191	209
6	2	163-175	192	171-184	201	179-197	216
6	3	168-180	197	176-189	207	184-202	221
6	4	174-186	204 -	182-195	214	190-208	228
6	5	180-191	209	188-201	220	196-214	234

3.	Examinee's frame is small medium large
4.	Considering above weight table the examinee's frame and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient
5.	Under proper medical supervision, examinee should lose pounds
	gainpounds
Re	marks;
	b6 b7C
	NOV 13 1950
	(Date)

			<u> </u>			X.	s. GOVERNM	ENT PRINTING OFF	ICE: 1952 - 997 <b>3</b> 7
•	organizational des					2. Pay roll		3. Block No.	4. Slip No.
B.I.	U.S. De	ent. of J	ustice		·	Code a	vi salan		
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المارات المسامل	والمراوي والمارة والمارة والمارة	· · · · · · · · · · · · · · · · · · ·	PAY	ROLL CH	IANGE DA	TA			
	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	, F. I, C. A.		NET PAY
7. Previous normal				_					
New normal						д			
. Pay this period									
. Remarks:				· · · · · · · · · · · · · · · · · · ·	·	11. Appropr	iation(s) = -	12. Pre	pared by
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date	equivalent increase	rate	rate	'		<u></u>		٦,	
·11-53	7-14-	7 \$13.0	70 \$13.3	70			<u> </u>	of work	<u> </u>
LWOP data	Fill in appropriate	spaces covering LWO		<del>                                      </del>	- (Check ap	plicable box in	case of excess LW	re or other-divinentical	iion)
during follow Period(s):	ving periods):				<u> </u>	pay status at	nd of waiting pet	od	
* <b>~</b>	Mark to the	*****			[] I	LWOP status	end of waiting p	eriod MA/Rfv	
	ess LWOP. Total	4.477 . H	11 1 17 20	Page 1		-		bars/ 877 A	Initials of Cla
Form prescribe	ORM NO. 1126d— d by Comp. Gen., l General Regulation	J. S.	17/		PAY RO	OLL CHANGE	SLIP-PERS	ONNEL COPY	مرايال ا
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Blandard Form 88	OR ITAKIMAKE	F.D.
(Type or print) Bland clames Field	SPECIAL POEM 7	1 Jermina F
4. HOME ADDRESS (Number, elrect or RFD, city or town, zone and State)	Annual Exam	7-22-60
71/SEX 6. RACE 9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY 11. ORGANIZATION UNIT	
CM. DATE OF, BIRTH DEPLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT	OF KIN
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16, OTHER INFORMATION	
17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	AST SIX MONTHS
CUNICAL EVALUATION NOTES. (Describe every comment. Co	abnormality in detail. Enter pertinent in abnormality in detail. Enter pertinent in item 73 and use additional sheet	tem number before each
18 HEAD, FACE, NECK, AND SCALP 19, NOSE	,	۶
22. SINUSES  23. MOUTH AND THROAT  22. EARS—GENERAL (Int. & ast. canals) (Auditory activity under stems 70 and 71)	- 11	, . <del></del>
22. DRUMS (Perforation)  24. EYES—GENERAL (Visual acuity and refraction under stems 59, 60 and 67)	~	. ** *** **
25. PUPILS (Equality and reaction)	· "	
27. OCULAR MOTILITY (Associated parallel morr- ments, nyelagemus)  28. LUNGS AND CHEST (Include breasts)		
29. HEART (Thrust, size, rhythm, sounds)  30. VASCULAR SYSTEM (Varicosities, etc.)  31. ABDOMEN AND VISCERA (Include hernia)	•	
32. ANUS AND RECTUM (Hemorrhoids; Adulas) (Prostate, if indicated)  33. ENDOCRINE SYSTEM	<b>,</b>	
34. G-U SYSTEM  39. UPPER EXTREMITIES (Strength, range of motion)	lm	ŧ
37. LOWER EXTREMITIES (Strength, range of motion)	ileurs 2.	
38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS 1 40. SKIN, LYMPHATICS	loss	readust let
41. MEUROLOGIC (Equilabrium tests under stem 78) 42. PSYCHIATRIC (Specify any personality deviation) lea la	t severy loss, tersely turnery t	for dise 3/4/1
43. PELVIC (Females only) (Check how done)  VAGINAL RECTAL	(Continue in item 73)	205
44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respection—Restorable teeth  —Restorable teeth  —Nonrestorable teeth  —X—Musing teeth  —XXX—Replaced by dentures	ocly.)  N'N)—Fixed bridge, brackets to include abulments	ADDITIONAL DENTAL S
R G G H 32 31 30 29 28 27 26 25 24 23 22 21	13 14 15 16 E 20 19 18 17 F	Lande
LABORATORY FIND	T T	
B. ALBUMIN D. B. ALBUMIN D. MICROSCOPIC C. SUGAR	46. CHEST X.RAY (Place, dair film number and 7-22-60 (14 x 17)	(result)
47. SEROLOGY (Spelfs test used and result) 48. EXQ (1 47. BLOOD TYPE AND RH	30, OTHER TESTS	3/1
NEW TO WALL STORE OF SHOOK	T. F. C.	- // ik.
. V.		· <b>r</b>

	F 7 4	W	FASURF	WENTS	AND	THER	FINDING	36	1 . 2	· · · · · · · · · · · · · · · · · · ·		** 25.74 2.70
1. HEIGHT / // 52. WEIGHT / 53. C	COLOR HA			OR EYES		S. BUILD	:	<del>.</del> X	<u></u>			56. TEMPERATURE
59 144 B	Zur	m	131	ii e	<u>-</u>	□añ	ENDER	MED	MUH	THEAVY 08	ESE	98.4
7. BLOOD PRESSURE (Arm at heart i	ierel) 🚨	-25.		58.		- (	1:	<u> </u>	ULSE (	Arm et keart lêvel)	į,	<del></del>
A. SYS. / B. SYS.	C.		S,	A. SIT	TING	- 1	AFTER	EXERCIS	E C. Z	MIN, AFTER D. I	LECUMBENT	E. AFTER STANDING
SITTING DIAS. 7 RECUM. DIAS.	STAND	ING DI	NS.		8		•	. 1				3 MIN.
S. DISTANT VISION	60.			REFRACT			-7.4		81.	75 00	NEAR VISION	
HGHT 20/ 3 O CORR. TO 20/	BY	<u></u>	S.	<del></del>		0	κ .		2	O CORR. TO		BY
EFT 20/ 20 CORR. TO 20/	BY		S.			0)	<del></del>		2	CORR. TO		BY
2. HETEROPHORIA (Specify distance)	-1						· · · · ·		<u> </u>	1 4 2 2 2 2	· + W 4,x	<del></del>
ES® EX® R. F	н,	t	. н.	•	PRISM C	.vk			M CONV	l	PC	PO
B. ACCOMMODATION	64. 00	LOR VISK	H (Test	de en	d result)				EPTH P	ERCEPTION	UNCORRE	CTED
RIGHT LEFT	1 1	00	-/	944		18	118	7 (	Irst us	ed and score)	CORRECT	ED
i6. FIELD OF VISION	67. NIG	HT VISIO	M (Test :	used and	score)		<u> </u>	68. R	ED LEN:	STEST	69. INTR	OCULAR TENSION
	ŀ							Į				
70. HEARING	71.			A	UDIOME	TER		<del></del>		72. PSYCHOLOGICA	L AND PSYC	HOMOTOR
	1						4000	-A	-	(Tests used an	d score)	
RIGHT WV . /15 SV /15.		250 256	800 818	1024	3000	3000	4000 4096	8111 6000	8000 8198			
	RIGHT	<del> </del>				<del> </del>				1		
LEFT WV / 6 /15 SV / 5 /15	LEFT	<del> </del>				<b></b>				1		
3. NOTES (Continued) AND SIGNIFICANT OR INTERV	AL HISTO	RY				·	·			<del></del>		
•												
A SUMMARY OF DEFECTS AND DIAGNOSES (List die	lgroses w	ith item			al sheets	if neces	12 <b>7</b> 9)	<del></del>	<u> </u>			
, *											•	
The state of the s	• .											·
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAM	INATIONS	INDICAT	ED.(Spe	cl(y)	, ,					76. A.	PHYSICAL, P	ROFILE
Maganinga ang ang ang ang ang ang ang ang ang		•			t-				,	PU	Ĺ	H E S
				_		. •				,		
77. EXAMPREE (Check)									-	T	*	
	₹-									B. 21	HYSICAL CA	EGORY
A. TIS QUALIFIED FOR B. I IS NOT QUALIFIED FOR	<u> </u>				f					:1		
8. 15 NOT QUALIFIED FOR	S BY TIEM	NUMBE	<del>(                                    </del>	<del> </del>	1	·			· · · · · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8	C E
8. 15 NOT QUALIFIED FOR	2 BA LIEN	HUMBE	<del>(                                    </del>	<del></del> N	f	<del></del>		- 1		A	8	C E
9. 13 NOT QUALIFIED FOR	S BY ITEM	ŅUM BEJ	· · · ·	*** <u>*</u> *	f	SIG				<u> </u>	8	C E
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73. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS 73. TYPED OR PRINTED NAME OF PHYSICIAN 63. TYPE OR PRINTED NAME OF PHYSICIAN 61. TYPE OR PRINTED NAME OF PHYSICIAN				***	1				á.	A L	8	
9. I IS NOT QUALIFIED FOR  73. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS  73. TYPZD OR PRINTED NAME OF PHYSICIAN  143. PYRCL OR PRINTED HAVE OF PHYSICIAN				*	e e e e e e e e e e e e e e e e e e e				á.	A land	8	C E

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PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME	REGISTER NO.	WARD NO.
FAILERS O ENST NAME - FIRST HAME - MIDDLE HAME	,	STAFF CLINIC
BLAND, JAMES FIELD	AGE SEX (Check one)  BEDSIDE, WHEELCHAIT OR STRETCHER  EXAMINATION REQUESTED	
	REQUESTED BY	DATE OF REQUEST
(Above space for mechanical imprinting, if used)		
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS.	MID I NOTICIONAL DIMENSOS	
FILM NO. 14301	DATE OF REPORT	
14301		
RADIOGRAPHIC REPORT		
RADIOGRAPHIC REPORT  22 Jul 60  CHEST: There is evidence of minimal pl There is not evidence of active pulmons size and contour. There is an old heal	ary disease. The cardiac sill led rib fracture involving the	nouette is normal in e lateral aspect of t
RADIOGRAPHIC REPORT  22 Jul 60  CHEST: There is evidence of minimal pl There is not evidence of active pulmons	ary disease. The cardiac sill led rib fracture involving the	nouette is normal in e lateral aspect of the ep 1959. DEM:mma
RADIOGRAPHIC REPORT  22 Jul 60  CHEST: There is evidence of minimal pl There is not evidence of active pulmons size and contour. There is an old heal	ary disease. The cardiac sill led rib fracture involving the	nouette is normal in the lateral aspect of the 1959. DEM:mma

67 -

Bethesda 14, Maryland

CHAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

205

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 518A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circuler A—32 (Rev.)
RADIOGRAPHIC REPORT

#### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee	Bland	James	Field		
(Type or print)	Last	First	Middle		
The following portions of the attached examination report form need not be completed:					
	2,.	62			
	2 <sup>,,</sup> 3	65			
	4	67			
	9	68			
	11	69			
	14	<b>72</b> .			
	17	76,			
	facilities for affording so	* *			
49. Is necessary unless	facilities for affording sa	me are not readily ava	žilable.		
71. Audiometer examina	tions should be afforded w	phonovor nossible	ŧ		
11. Madiometet exigmiting	tions should be diforded w	nenever possible.			
	<b>14</b>	•			
For All Examinees, When	ther Clerical or Special Ag	ent Äpplicants or Em	ployees:		
	answer the following question:				
Examinee Lis	is not qualified for s	trenuous physical exe	ertion.		
To be Answered in the C	case of All Male Employee	s and Male: Applicants	5:		
1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?					
No Yes	If "yes" please specify d	efects.			
2. Doés examinee have	any defects prohibiting sa	fe opération of motors	vehicles?		
<u> </u>	• -				
No Yes	If "yes" please specify d	efects.	<del></del>		
If examinee has defectively Yes	If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle?				

Ext. The , 2-

ROUT

Desirable Weight Ranges for Males

Height ,	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5′ 5″	120 - 129	126 - 139	134 = 152
5′ 6″	. 124 - 133	130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5'.8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5' 10"	. 140 - ,150 ,	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6'.3"	160 - 171	168 - 186	178 - 200
6'.4"	169 - 180	178 - 196	188 210
6' 5"	174 - 185	182 - 202	192 - 216

3.	Examinee's frame is small medium large
4.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient
5.	Under proper medical supervision, examinee should lose pounds b6 b7c
Re —	emarks:
	(Signature of Medical miner)
	$\frac{7/27/60}{\text{(Date)}}$

# Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

<i>()</i>		
Name of Examinee BLAND	JAMES	F. DIV.5
(Type or print) WT. 162 1/2 LBS. Last	First	Middle
The large Large		
The following portions of the attached examination	n report form need not be	completed:
2	62	
3	65	
4	67	
9	68	
11	69	
14	72	
17	76	
46. Is necessary unless facilities for affording so	ame are not readily availa	rhla.
48. Not required unless examinee is over 35 years desirable.	s of age or examination in	idicates such is
49. Is necessary unless facilities for affording so	ame are not readily availa	ble.
71. Audiometer examinations should be afforded v	whenever possible.	
•		
For All Examinees, Whether Clerical or Special Ag	nont Annliannts on Emula	
. o. All Examinees, internet Clerical of Special A	gent Applicants of Emplo	yees:
The medical examiner should answer the following question:		
O. O		
Examinee is is not qualified for s	strenuous physical exerti	on.
To be Answered in the Case of All Male Employee	s and Mala Annliannes	
To the words in the case of All male Employee	s and male Applicants;	
1. Does examinee have any defects restricting or	prohibiting his participat	ion in defensive
tactics and dangerous assignments which migh	t entail the practical use	of firearms?
☐ No ☐ Yes If "yes" please specify o	defects	
<b>^</b>	-	· <del></del> -
2. Does examinee have any defects prohibiting sa	ife operation of motor veh	icles?
☐ No ☐ Yes If "yes" please specify of	defects	
Product appoint	,	
If examinee has defective vision, should be	ar corrective aleese.	On anomatica and
If examinee has defective vision, should he we vehicle? Yes No	di corrective glasses whi	ie oberating a motor
107-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
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### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5',5"	120 - 129	126 - 139	134 - 152
5′ 6″	. 124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5′ 9″	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3 <b>"</b>	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	. 188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3.	Examinee's frame is small medium	large	
4.	Considering above weight table, the examinee's fram I consider his present weight Satisfactory	e, and other individual physical Excessive	ical characteristics, Deficient
5.	Under proper medical supervision, examinee should	losepounds	
		gainpounds	b6 b7C
Re	marks:		

(Signature of Medical-Examer)

Jaly 21, 1960

0

September 27, 1900

PERSONAL

Mr. James F.-Pland Federal Eureau of Investigation Washington, D. C.

Dear Mr. Dland:

The briefing which you presented at a committee meeting on September 21, 1989, concorning subversive activities in Puorto Rico was certainly neteworthy and I am writing to express my sinceré appreciation.

Many commondatory remarks have been received on the excellence and effectiveness of your work. Your discussion was carefully organized, thoroughly prepared and skillfully delivered and has brought much credit to you and to the Eureau. It is a pleasure to commend you for your splendid performance in this instance:

MAILLO 27

97C-143

1 - Mr. Belmont (Personal Attention) Re Interdepartmental Intelligence Conference (IIC).

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Rosen	67, 200486	~"
Tamm	647. 1987.	Λ.
W.C. Sullivan	13 M	1 1
Tele-Room		

L ROOM TELETYPE UNIT

MEDICAL REPORTS
Personnel File No. 67-200486

Rev. August 1954 Promulgated By Bureau of the Budget Circular A-32  CLINICAL RECORD  To:  PLASTIC SURGERY STREASON FOR REQUEST (Complaints and indings)  This FBI SA appeared this date for small firm superfical mass on the point to pressure.  He also has a pigmented mole in the Please example of the provisional diagnosis  Provisional diagnosis  Doctor's signature  Approved	CONSULTATION SHEET  REGUEST  OM: (Requesting ward, unit, or activity)  STAFF CLINIC  e for annual physical examination. He reveals a coint of left shoulder. He states it is tender
PLASTIC SURGERY  PLASTIC SURGERY  STATE SURGERY  This FBI SA appeared this date for small firm superfical mass on the point to pressure.  He also has a pigmented mole in the provisional diagnosis  PROVISIONAL DIAGNOSIS  PROVISIONAL DIAGNOSIS  PROVISIONAL DIAGNOSIS  PROVISIONAL DIAGNOSIS  TO APPROVED  CONSUMATOR  TO APPROVED  CONSUMATOR  TO APPROVED  TO A	REQUEST  OM: (Requesting word, unit) or activity)  STAFF CLINIC  STAFF CLINIC  8-19-59  e for annual physical examination. He reveals a
PLASTIC SURGERY EASON FOR REQUEST (Complaints and inclines)  This FBI SA appeared this date for mall firm superfical mass on the point of pressure.  He also has a pigmented mole in the pressure octor's signature approved  RR JOHNSTON, CAPT. W. USN  CONSUMMENTAL OF APPROVED  A	OM: (Requesting word, unit or activity)  STAFF CLINIC  STAFF CLINIC  8-19-59  e for annual physical examination. He reveals a
PLASTIC SURGERY EASON FOR REQUEST (Complaints and inclines)  This FBI SA appeared this date for mall firm superfical mass on the point of pressure.  He also has a pigmented mole in the pressure octor's signature approved  REJORNSTON, CAPT. W. USN  CONSUMATION OF A STATE OF A	STAFF CLINIC 8-19-59 e for annual physical examination. He reveals a
This FBI SA appeared this date formall firm superfical mass on the point o pressure.  He also has a pigmented mole in the Please example octor's signature approved  Rejornston, CAPT, MC USN CONSUMERS OF 1300  AND AND AND AND AND CONSUMERS OF 1300	e for annual physical examination. He reveals a
mall firm superfical mass on the point o pressure.  He also has a pigmented mole in the Please example octor's signature approved  R. JOHNSTON, CAPT. W. USN CONSUMENTS. SAME APPROVED	e for annual physical examination. He reveals a
OCTOR'S SIGNATURE APPROVED  R. JOHNSTON, CAPT. MC USN  -15.59 9 /300  AN INCLUSION  9-39-59  Emill	•
APPROVED  R. JOHNSTON, CAPT. 180 USN  -15.59 @ 130-0  AN INCLUSION  9-39-59  Emill.	examine and advise re removal.
R. JOHNSTON, CAPT., MC USN CONSU -15.597 @ 1300	
R. JOHNSTON, CAPT., MC USN CONSU 1-15.597 @ 1300	*
9-29-59 Epricel.	PLACE OF CONSULTATION
9-29-59 Epricel.	CONSULTATION REPORT
Excisel.	: 9/29/5-9 2101
	et of fair Shoulderres
(Continue	, , , , , , , , , , , , , , , , , , ,
	ntinued on reverse side)
ATIENT'S IDENTIFICATION (For typed or written entries give: middle; grade; date; hospital or m	

CONSULTATION SHEET Standard Form 513

Standard Form 502
Row Angust 1954
Promulacted
By Bureau of the Budget

ded 4-21-60

333333					
CLINICAL RECORD		NARRATIVE SUA	MMARY.		_
DATE OF ADMISSION	DATE OF DISCHARGE	<del>and the second </del>	NUMBER OF	DAYS HOSPI	TALIZEO,
DIALD, JANUS FI	(Sign and date at	t end of narrative)	FI	I	
Admission diese	ools: Lilling	MOSICAL POLI	William IA	15, 21	Eit.

€73C0

Discharge diagnosis: Dan

Operation:

Excision herminaed ruciens pulpoeus, 1/2 15, richt 2029

#### Charles .

This was the first line confecien of this 42 year old white cale PDI vorter the gave a 15 year history of interactions beek pain. About 3 weeks prior to confecient with indulging in athletics. Fain became progressively such vorce and about 4 days later was followed with radiating pain into the wight thigh, cale, dorsal foot and great too. This was nesserated as well with machaes over the same distribution and discoverance of the back pain. This right foot became reals and began to play on walking. No bouck or bladder or percal compliants were placified.

The patient was a well developed and newticked note of otated ago in poderately scate dictacia. The general physical establishes was not remarkable but special establishes averaged the patient valled with a marked right leg limp and a complete right foot drop. He was able to stand excet but forward bending was limited and there was pain on lending to the lest but not to the right. Interspinous tendermoss was present in the 14-5 interspinous space. Hypalgesia was eligited over the first web space on the right and along the medial right foot and leg as well. Straight leg raising was limited to 130 degrees of estension on the right with marked estable stretch tendernoss. Deep and superficial reflexes were normal.

Louting blood courts uricalysis, and blood carology were normal. X-rays of the cyline were not recardable.

On 3-4-60 the patie	ets of this form (Stan	it to the condard Form 502)	if more space is requ	on there the Ath ired) (1)
SIGNATURE OF PHYSICIAN	DATE	IDENTIFICAT	ION NO, ORGANIZAT	
PATIENT'S IDENTIFICATION (For typed or wring middle; grade; date, bothital or	medical facility)		225634	WARD NO.
U.S. Kaval lbootta				NARRATIVE SUMMARY Standard Form 502

Standard Form 502 Rev. August 1954 Promulgated By Bureau of the Budget	O	0		O
Circular A-32			 	 <del></del>

CLINICAL RECORD	NARRATIVE SUMMA	ARY
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narealise)

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CALL High Problem operations that right them explored and a long constitution of the problem of the IA-9 interpretary. The was interpretal from the call the continue interpretary operations of the continue interpretary of the continue of the continue interpretary of the continue of the continue interpretary of the continue of the continue interpretary of the continue of the continue interpretary of the continue of th

The past executive comes and entirely meanwhile with the policies because modily contains and plant in linearing comes of fluxion thereby. These tends following the reception to use able to talk with a committee the call make to escale described as it is also forced from the booking to be followed in the convenient cut produced to the companion to be followed in the convenient of the convenient cut produce to an increase from his job. In this is recently the companion to produce from the force companion to produce from the force companion to the produce of the first companion to the produce of the first contains the companion to the produce of the first contains the companion to the produce of the first contains the contain

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(Use additional si	heets of this form (Stan	ıdard Form 502)	if more space is requi	ired) (2)
SIGNATURE OF PHYSICIAN	DATE	IDENTIFICAT	ION NO, ORGANIZATI	ON .
PATIENT'S IDENTIFICATION (For typed or a middle; grade; date, bostified to Transition	veltten entries give; Name—la	a, fui, D Câu M	REGISTER NO.	WARD NO.
U.C. final Isola	l, Islandi,	Layland	<u> </u>	NARRATIVE SUMMARY Standard Form 502

Standard Form N	io. 2809	HE TH BE	NEFITS REGIST	RATION	FOR	<b>`</b>		CARRIER'S CO	SITROL NO.
CHAPTER 1-5 6 GAO 500	F.P.M. 1	EDERAL EN	APLOYETS HEALTH EENE k of last page. Use o	fits act of 19	59	`,cn.)		3215	243
	Figure (1257)	(FIRST)	GGIM)	LE INITIAL)	2. DATE OF	SIRTH (se numbers)		3. Are you	now married?
PART A (	_Bland	James	$F_{\bullet}$		момтн 5	DAY	YEAR	YES #   NO:	21 2
REGISTER	4. YOUR MARING ADDRESS	GNUMBER AND STR	EET) (CITY A	ND ZONE NUM	352)	(STATE)		S. SEX MALE	<u>ज्</u> रिग
LAUST FILL EN THIS	4310 Rosedale Ave., Bethesda 14, Maryland							. FEMALE	<u> </u>
PART.	Health Benefits Act o	in, a plan under the f 1959 (through the rict of Columbia Gov	e Foderal Employees enrollment of another vernment employee or	range.	under \$4,0	∞ <u>□</u>	\$6,00	00 10 \$9,999	
0.77.0	I. I elect to enroll in a h		o 🔀		00 10 \$5,9			000 OR OVER	
PART B	to cover my share of the	ne cost of the enrollme	ent. (Copy the information	ation requested	below from	i jusido čoks	r of broch	ure of the pl	lan you select.)
PART IF YOU WIGH TO EN- ROLL IN A HEALTH BENEFITS	name of Han Sa	mba Plan			OSHOH (RIC	CH OS TÓM)		CHMENT COL	E NUMBER
Plan.	aga 19, including legi ship. Include also a	ally adopted children, ny unmarried child o	and stepchildren and i	llegitimate chil sobled before	dren who li age 19 an	ive with you	in a reg	your unmarried children under a regular parent-child relation- e of the disability, is incapable	
If enrollment is for self only, answer item 1.	PLAMES OF FAMILY	MEMDERS	DATE OF BIRTH (Month, Day, Year)	элан	S OF FAMILY	MEMBERS	_		F BIRTH Day, Year)
If encomment is for self and family, also	Wife or Husbani								6
answer Itom 2 and Item 3 if it applies.			[2]						
b6 <b>[</b>			<u> </u>		<b>-</b> b6 b7C				8
b7C <del></del>			4			<del></del>	`	· · · · · · · · · · · · · · · · · · ·	•
THIS PART MUST ALSO BE FILLED			3		·	· . · ·			10
IN IF YOU CHANGE YOUR ENROLLMENT	3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)								
PART C	PLACE AN "X" IN ITEM 1 OF	r item 2, whichever ap		<del></del>	*A	· · · · · ·	×		
FILE IN THIS OF TOTAL PRACT OF TOTAL PRACT OF TOTAL PRACT OF THE PRACT	1. I cless not to enroll in under the Health Bene	· ` 1	3. The reason for my (a) I am covered to ment of my ho	y a plan und	or the Hea	•		ughithe enr	ا بـــانــــــــــــــــــــــــــــــــ
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				•	y a health insurance plan which is not under the Health. [2]				
PART D	l elect to change my enro			والمنتفظة والتانية والمراجعة والمراجعة	برسالات استعادات المتعادات				
FILL IN THIS PART IF YOU	1. Enrollment code numb	er of present plan.	2. Number of event w (See table on back of			3. Date of	event wh	ich bermits	hange.
WISH TO CHANGE YOUR ENROLLMENT.							нтиом	·DAY	YEAR
PART E	,		4						statement in
REGISTER MUST FILE		1001	6 615	100	theret	o is a viola	tion of t	he law, pun	otion relative ishable by a risonment of
IN THIS PART.	The Broug Signati	URE TON OO PRINTI	1. St 6/3/	ATÉ)					ບ.s.c. 1∞1.) <sup>6</sup>
, <b>, , ,</b> ,	INAME AND ADDRESS OF	EMPLOYING OFFICE		b6		RECEIVED III		3. ÉFFECTIVE ELECTION	DẠTE OF '4
PART F	. (			b7C	6.	3-61		ノ バ	
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July 1957 omulgated by U. S. Civil rvice Commission—FPM-R-1	TIFICATION OF PERSON	NEL ACTION 🔾	50-106-13			
NAME (LAST [CAPS]—First—Middle—Mr.—Miss—Mrs.	.)	2. DATE OF BIRTH	3. IDENTIFICATION (optional)			
BIAND, JAKES F. (LR.)	5-6-17	#03714				
THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL CONCERNING YOUR EMPLOYMENT APPEARS ON	ACTION DESCRIBED BELOW, Y	WHICH AFFECTS YOUR EMPLORM.	OYMENT. GENERAL INFORMATION			
NATURE OF ACTION (standard terminology must be u		7. CIVIL SERVICE OR OT	<del></del>			
PROMOTION	6-14-60	EXCEPTED I	BY IAW			
om- Special Agent	8. POSITION TITLE AND NUMBER	(Chiof of	ory Special Agent the Subversive			
GS 15 \$13,370 per annum	9. SERIES, GRADE, SALARY  10. NAME AND LOCATION OF OFFICE BY WHICH EMPLOYED	GS 16	Control Section) GS 16 \$14,190 per annum			
-	11. DUTY STATION					
Yes	12. APPORTIONED POSITION	Yes STATE:	Apportionment Waived Proved			
N. VETERAN PREFERENCE  Ido 5-pt. 10-pt. Disab. 10-pt. Other  X	RE GROUP	15. POSITION OCCUPIE Competitive Service	D IS IN THE:  Excepted Service			
APPROPRIATION om: S. & E., FBI : SAME	17. PAYROLL DEDUC	CTIONS	18. DATE OF APPOINTMENT AFFIDAVITS (accessions only)			
a. Subject to completion of 1 year proba b. Service counting toward career (or permaner) parations: Show reasons below, as required. Check,			n appointment of 6 months or less			
This promotion is temporaduration of present assistantion of this position of 1949 as amonded.	gment.	,	-			
Basis for this position	gment.	,	-			
Basis for this position of 1949 as amonded.	gmont.  is Section 505 (	,	sification Act			

### REPORT OF TERMINATION OF TOTAL OR PARTIAL DISABILITY

[To be forwarded to the U.S. DEPARTMENT OF LABOR, Bureau of Employees' Compensation, Washington 25, D. C., through official channels as soon as disability from injury terminates. This form to be submitted for each injury resulting in any disability, whether or not employee makes claim for compensation.]

	Testing Persons of Transfigation
1.	Department Justice 2. Bureau or office Federal Bureau of Investigation  (War, Navy, etc.)
3.	Place of employment Ustice Building, Washington, D. C(Engineer, Navigation, etc.)  Wash, Navy, ctc.)  Usenal, Navy, Yard, ctc.)  Assenal, Navy, Yard, ctc.)
4.	Full name of injured employee. James F. Blana (BEC File X-1200401)
5.	Time of injury
6.	Time employee's pay stopped — (Date.) 2/15 (Date.) 2/14 (Sat & Sun) 9 (Hour, a. m. or p. m.)  Time employee's pay stopped — (Date.) (Hour, a. m. or p. m.)  (Date.) (Date.) (Date.) (Hour, a. m. or p. m.)  (Date.) (Date.) (Date.) (Date.) (Hour, a. m. or p. m.)  (Date.) (Date.) (Date.) (Date.) (Hour, a. m. or p. m.)  (Date.) (D
7.	Time employee's pay stopped
8.	Wirst day employee was able to resume work 2/24/50, 160 Monday week.)  (Day of week.)  (Hour, a. m. or p. m.)  (Hour, a. m. or p. m.)
9.	Did employee return to the same work and at same rate of pay after termination of disability in the same work and at same rate of pay after termination of disability in the same work and at same rate of pay after termination of disability in the same work and at same rate of pay after termination of disability in the same work and at same rate of pay after termination of disability in the same work and at same rate of pay after termination of disability in the same rate of pay after termination of disability in the same rate of pay after termination of disability in the same rate of pay after termination of disability in the same rate of pay after termination of disability in the same rate of pay after termination of disability in the same rate of pay after the same rate of the
	If so, when? 5/16/60 If not, state character of work performed upon return to duty and rate paid employee for such work Not applicable
10.	Actual time disabled (including Sundays and holidays) 91 days, 5 hours days.
11.	Number of days for which employee would have received pay had he not been disabled Not applicable.
12.	If employee was receiving subsistence as part of his wages, was such subsistence furnished during entire period of disability to tapplicable of, give dates on which subsistence was not furnished.
	Not applicable
13.	Has employee been paid for any portion of above absence on account of—
	(a) Annual leave: Not applicable
	(b) Sick leave? Yes, for entire period, Girste databove items 6., 7., and 8.
	(c) Any other reason Not applicable (Give exact dates.)
14.	Nature of injury Ruptured spinal disc
	Remarks
<	
dut	The following information is to be furnished only in case of death resulting from an injury sustained while in the performance of y. If death results immediately, or if no Report of Injury has previously been submitted, such report, on Form C. A. 2 should
De I	orwarded herewith.]  REPORT OF DEATH
	Full name of deceased employee
17.	Time of death
18.	Time employee's pay stopped, 19
19.	Place of death (Name of hospital, establishment, etc.) (Cot or town, and State.)
20.	Immediate cause of death
21	Widow of deceased employee
	(Give full name.) (Address.)
2 <b>2.</b> •	Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support:
	Name. Age.
23.	Names, relationship, and addresses of all other persons known to be dependent, in any degree, upon decedent at time of death:
	Name. Relationship. Address.
Sigr	ned this 27 Th day of May, 19 60
	ned ones the familia day of similar the familiary is the
	day of mis Zarpania day of missing the state of the state
	day of mis 22 the day of missing
Ç. A	U.S. GOVERNMENT PRINTING OFFICE TOTAL 16-29485-6

Please Do Not Mutilate This Form In Any Way
( JAMES F. BLAND)

Bulet to BEC, 5-21-60 Eml. CA-3 JRC

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501	77 (Rev. 11-16-59) U FORM NO. 10 100-104-01	NO	Q	pep feined
-	TED STATES GOVERNME $\it 1emorandum$			pep medi
то	MR. A. H. BELM : Divertor, Nick	ONE !	DATE: 5/	16/60 Mister Wale
FROM	MR. J. F. BLAN			meter
subj	ECT: SA JAMES F. BL Section Chief, Division	AND Subversive Control		ersonnel Section mestic Intelligeno
	Remylet Rebulet			
	Dental work was compled Vision has been corrected Chest X-ray results were Personal physician advisorand the use of firearms.	now is	FD-300)	
	Employee has reviewed Employee returned to ac	for physical examination on and initialed his physical examination of tive duty 5/16/60. Indition is satisfactor wed from limited duty.	mination report.	•
REN	MARKS			
JF	Bemjt Y \	.30		
Yeteil H	Bemjt High			
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### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee	BLAND,	<b>JAMES</b>	F.		
(Type or print)	9*	Last	Fi	rst	Middle
The following portion	ns of the attached	d examination re	port form	need not be	completed:
	2		62		
	3		65		
	4		67	Ÿ	
	9		68		
	11		69		
	14		72		
	17		76 -		
46. Is necessary unl	ess facilities for	affording same	e are not i	eadily availe	able.
48. Not required unle	ess examinee is	over 35 years of	a to enn'	xamination i	ndicates such is
desirable.	obb onamino 15	over oo jears o	age or e		iquedes such is
49. Is necessary unl	- ess facilities for	affording camo	are not r	endily avails	thla
is necessary unit	ess lucilities loi	arroraing same	are not r	eduliy avalic	
71. Audiometer exam	inations should	be afforded whe	never pos	sible.	
	-				
For All Examinees, V	Yhether Clerical	or Special Agen	t Applica	nts or Emplo	yees:
The medical examiner sho	ould answer the follo	owing question:			
Framinos D	Tie The nột a	ualified for stro	niuoua nh	valaal ovorti	on
Examinee P	lis Lis not q	adimed for stre	nuous pn	Asicai exelti	OR.
,					
To be Answered in th	ne Case of All Mo	alê Employees d	ind Male	Applicants:	•
	•		•		
1. Does examinee had tactics and dange				•	•
<del>-</del>	<del>.</del>		4	<del>-</del> -	
No DYe	s II "yes" ple	ase specify defe	ects. <u> </u>		
		<u> </u>		1	
2. Does examinee ha	ura mai datanta n	nohihitina aafo	oneration	of motor wal	Valoni
2. Does examinee no	ive any defects b	bronibiting sale	obetation	or motor ven	ncies r
No GYe	s If "yes" ple	ase specify defe	ects	<del>.</del>	
<u>-</u> 					
If examinee has d	efective vision	should he wear	corrective	alasses wh	ile operating a motor
vehicle?  Ye				- 3-4-5-00 (11)	
		ay wan			
		-4			
					(C)
		ENCLOSU	<b>ገን</b> ጉላ		17/
		, C) 3/7/2/(	软形		

ENCLOSURE

-· \	Desirable Weight	Ranges for Males				
Height.	Small Frame	Medium Frame	Large Frame			
5'.4"	117 - 125	123 - 135	131148			
5'.5"	120 129	126:- 139	134 - 152			
5' 6"	124 - 133	130 - 143	138 - 157			
5"7"	28 - 137	134 - 148	143 - 162			
5/.8"	132 - 141	138 - 152	147 - 166			
5,9,	136 - 146	142 - 156	151,- 170,			
5210"	140,-,150	146 - 161,	155 - 175			
5'11"	144 - 154	150 - 166	160 - 180			
6'	148 - 158	154 - 171	164 - 185			
6, 14	152 - 163	158 - 176	169 - 190			
6' 2"	156 - 167	163 - 181	174 - 195			
6',3"	160 - 171	168 - 186	178 - 200			
6'.4"	169 - 180	178 - 196	188 - 210			
6' 5"	17.4 - 185	182 - 202	192 - 216			
3. Examinee's frame is small medium large						
	ove weight table, the examin present weight . Satisfact		idual physical characteristics, Deficient			
5. Under proper m	edical supervision, examine		_pounds			
		□ gain	_ pounds			

Remarks:

to only 5-16-60 (Date)

#### EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE

Federal Employees' Compensation Act

This notice should be submitted to the immediate superior by an injured civil employee of the Federal Government, or by someone on his behalf, within 48 hours after the injury. Notice may be given either personally or by mail. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift when injury occurred, or results in any charge against the Bureau for medical expense, when it should be forwarded to the U. S. DEPARTMENT OF LABOR, Bureau of Employees' Compensation, together with the official superior's report of injury, Form C. A. 2. Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Bureau.

•		
	Date of this notice	<i>2/24/60</i> , 19
. I hereby certify that I am employe	ed as a <u>Special Agent</u>	ya dinakangan penggapunga 2000 ga at pampadaha Sababbabbabbabbabbabbabbabbabbabbabbabba
	(Occup	ation)
at the Federal Bureau	(Place of employment)	
and on _Thursday	2/11 196	2 , at 9:15: a. m. or p. m.)
(Day of week)	(Date)	(Hour, a. m. or p. m.)
I was injured in the performance of	of my duties at <u>regularly sch</u>	eduled, supervised where injury occurred)
aumnasium period in the	gymnasium in the Justice	-
· · · · · · · · · · · · · · · · · · ·	r pulling of the lower pulling	y occurred)
resultant nerve damage	while participating in s	upervised gymnasium
activities.		R
. Names of witnesses to injury	A Paul L. Cox and SA	
**b6	b6 -	
b7C	b7C	
of person to whom notice was first 2/12/60. Condition bec	in 48 hours after the injury, explain t given, and when Mr. J. A. Si. came worse during week en	zoo aware of injury d and consulted physic
	until 2/23/60. On 2/23/	
Dr. to wh	until 2/23/60. On 2/23/ hom I was referred by my	
Dr. to wh	hom I was referred by my	family physician,
Dr. to when Dr. This injury was not caused by n	hom I was referred by my  my willful misconduct, intention to br	family physician, ing about the injury or death of
Dr. to when the property of th	hom I was referred by my	family physician, ing about the injury or death of for compensation and medical
Dr. to when the property of th	hom I was referred by my  ny willful misconduct, intention to broxication, and I hereby make claim by reason of the injury sustained by	family physician, ing about the injury or death of for compensation and medical
Dr. to when the property of th	hom I was referred by my  ny willful misconduct, intention to broxication, and I hereby make claim	family physician, ing about the injury or death of for compensation and medical
Dr. to when the property of th	hom I was referred by my  ny willful misconduct, intention to br oxication, and I hereby make claim by reason of the injury sustained by  Name  Name	family physician, ing about the injury or death of for compensation and medical me.  Bland
Dr. to when the property of th	hom I was referred by my  my willful misconduct, intention to broxication, and I hereby make claim by reason of the injury sustained by  Name  Name	ing about the injury or death of for compensation and medical me.  Bland
Dr. to when the property of th	hom I was referred by my  ny willful misconduct, intention to broxication, and I hereby make claim by reason of the injury sustained by  Name  Address 10 Rose  Bethesda	family physician, ing about the injury or death of for compensation and medical me.  Sland  edale Avenue  (Street and number)

## OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU of Employees' Compensation, Washington 25, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.]

Place of employment	3.	Department Justice 2. Bureau or office Federal Bureau of Investigation  Place of employment F. B. J. J. Justice Building Washington, of States  T. Arsenal, navy yard, etc.)  (City)  (State)  (State)
	4. 5.	Reporting office F.B. I Washington, D. C.  Name of superintendent or foreman in charge when injury occurred.  Locath.
	6. 10. 11.	Name of injured employee James F. Bland 7. Age 42 8. Sex Male. 9. Race White Give first name in full)  Home address 4310. Rosealle. Avenue; Bethesda (City or town) (Street and number)  Occupation and division Special Agent FBI (Cive both, as labort, hull division; helper, machine shop, etc.)  work? Yes If not, what work?
The injured employee	14.	Total length of service with the Government as a civilian?
		Rate of pay on date of injury, \$ 13,370 perannum { and subsistence valued at \$ per and quarters valued
	17. 19.	Employee begins work at 9:00 as m. 18. Regular day's work ends 5:30 Pa m.  Hours worked per day 20. Days paid per week 5.
-	22.	Place where injury occurred Gymnasium - Justice Building  (Give exact location, as name or number of building and division, etc.)  Date of injury 2/11/60 , 19 ; day of week Thursday ; hour of day 9:15. (a.m. or p. m.)  Date employee stopped work 2/12/60 , 19 ; day of week Friday ; hour of day 5:30 m.  See 25 and 26(b)  Date employee's pay stopped no. loss of pay dayne week ; hour of day 5:20 m.  Date employee's pay stopped no. loss of pay dayne week ; hour of day 5:20 m.
	25. 26.	Has employee returned to work? Returned to work 2/23/60 at 9:00 a.m.; however, has been on sick leave since 3:30 p. miv; date and hour) 2/24/60 Will employee receive pay for any portion of above absence on account of:
	27.	(a) Annual leave (b) Sick leave 9:00 a.m.2/15/60 thru 5:30 p.m.2/19/60:3:30 thru 5:30 2/24/60 decident inuing on sick leave (b) Sick leave (c) 2/24/60 decident inuing on sick leave (c) 2/24/60 decident inuing on sick leave (c) 2/24/60 decident in full how injury occurred Injury occurred during regularly scheduled,
	2	supervised gymnasium period by a back straind
the i	28. 2011	State part of body injured and nature and extent of injury back = a strain or pulling of part of the back and resultant nerve damage, possible disc see-diagnosis-of-Driver attached.
The injury	29.	Did injury cause loss of any member or part of member? If so, describe exactly
	80:	Was employee injured while in performance of duty? _Yes If not, or in doubt, give detailed statement
	31.	Was injury caused by:
, '		(a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death  of himself or another? No (c) Employee's intoxication? No
b6 b7C		knowledge of injury?XES
		SA Paul L.: Cox, 2101 Ingraham St., Avondale Terrace, Hyattsville, Mo
b6	34.	(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)  Was injury caused by a third party other than a Government employee or agency?  If so, h <sub>b7c</sub> employee been instructed in procedure under the Bureau's regulations?  (A detailed statement should be forwarded with this report)
b7C <del></del>	35.	Name and address of physician who first attended case
Medical attendance	37.	To what hospital sent? was not hospitalized at this time.  Name and address of physician now attending case
Signed this	£	24th day of February 19 60
at C. A. ; Revised April		Washington, De Ce  16-6027-5 (OVER)
		•

### STATEMENT OF WITNESSES

	1, 1960, I participated in the regular gymnasium:
period with S	pecial Agent Bland. Immediately following return
to his office	from the gymnasium he complained of pain in his
back and stat	ed he had strained himself during the gymnasium
period. Duri	ng the afternoon of February 11 he stated the pair
and discomfor	t in his back had increased.
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week a second	
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Signed this 24th day of F	ebruary 19.60
1	· · · · · · · · · · · · · · · · · · ·
	(Signature of witness)
Tomas and it will be the a	
	ollowing the regular gymnasium period on
February 11,	1960, Special Agent Bland told me that he
had felt a suc	iden severe pain in the lower part of his
· back which pa	in started while he was exercising and still
	bother him.
1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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The second secon	
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Signed this 24+7i day of	February 1960
Signed this 24th day of	February 19.60
"Signed this <b>24+12</b> day of	February 19.60
Signed this <b>Z4th</b> day of	February 19.60
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Single of the state  A STATE OF THE STA	
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ATEMENT OF GOVERN	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examin  (Name of employee)  , 19, at
ATEMENT OF GOVERN  I CERTIFY that  ability will be	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examin  (Name of employee)  , 19
ATEMENT OF GOVERN  I CERTIFY that  ability will be	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examin  (Name of employee)  , 19
I CERTIFY that	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examin  (Name of employee)  , 19
I CERTIFY thatability will beture of injury as found on examination	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examin  (Name of employee)  , 19
I CERTIFY thatability will beture of injury as found on examination	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examin  (Name of employee)  , 19
I CERTIFY thatability will beture of injury, as found on examination spitalized	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examin  (Name of employee)  , 19
I CERTIFY that  ability will be  ture of injury as found on examination spitalized charged	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examin  (Name of employee)  , 19
I CERTIFY that  ability will be  ture of injury as found on examination spitalized charged	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examine (Name of employee) , 19 disabled for work. Probable length In my opinion disability (Was or was not)  on
I CERTIFY that  ability will be  ture of injury as found on examination spitalized charged	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examine (Name of employee) , 19 disabled for work. Probable length In my opinion disability (Was or was not)  on
I CERTIFY thatability will beture of injury as found on examination charged	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examine (Name of employee) , 19 disabled for work. Probable length In my opinion disability (Was or was not)  on
I CERTIFY that  ability will be ture of injury as found on examination spitalized charged marks	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examination of the control of the co
I CERTIFY thatability will beture of injury as found on examination spitalizedabarks	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examine (Name of employee) , 19 disabled for work. Probable length In my opinion disability (Was or was not)  on  19 due to inju
I CERTIFY that	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examine (Name of employee) , 19 disabled for work. Probable length In my opinion disability (Was or was not)  on
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I CERTIFY that  ability will be  ture of injury as found on examination spitalized scharged marks  Signed this	NMENT MEDICAL OFF OR PHYSICIAN WHO FIRS  EXAMINED CASE  was given first-aid treatment, or examine (Name of employee) , 19 disabled for work. Probable length In my opinion disability (Was or was not)  on  19 due to inju
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I CERTIFY that	MMENT MEDICAL OFF ER OR PHYSICIAN WHO FIRS EXAMINED CASE  was given first-aid treatment, or examination, and many many many many many many many many

#### STATEMENT OF WITNESSES

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Signed this day of	, 19		
		(Signature of witness)	
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I CERTIFY that		was given first-aid treatment, or	examine
ability will be who to	in all source to the line	disabled for work. Probable of or work with the disability with the dual of the disability was or was not)	e length e to iniu
11 7 ek	, 19 <u></u>	(Was or was not)	
ture of injury as found on examination	Ruptine	y inter wellbrul	
000 2 00 2 3		.5	
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Signed this 26 day of 7-	L 1960	$\sim$	
at 12130 6 0	<u> </u>		7 tr D
·	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	(Signature of medic	/
		TANK DE THE (Title)	
S. GOVERNMENT PRINTING OFFICE: 1955-O-363244 16-602	7	3 00 1 NSCHEDER W	~~~

# O OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU of EMPLOYEES' COMPENSATION, Washington 25, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. I.]

	1.	Department 2. Bureau or office
Place of	3.	Place of employment
employment	4.	(Arsenal, navy yard, etc.) (City) (State)
	5.	Reporting office (Location of reporting office or division headquarters)  Name of superintendent or foreman in charge when injury occurred
	6.	Name of injured employee
	10.	Home address (Street and number) (City or town) (State)
	11.	Occupation and division
		work? If not, what work?
The injured	13.	Total length of service with the Government as a civilian?
employee	14.	How long at present work in this establishment?
	<b>15.</b>	Dates of other injuries
,	16	Rate of pay on date of injury, \$ per and quarters valued at \$ per and quarters valued at \$ per
	10.	and quarters valued at \$per
	17.	Employee begins work at
		Hours worked per day 20. Days paid per week
<del></del>		
	21.	Place where injury occurred (Give exact location, as name or number of building and division, etc.)
	22,	Date of injury hour of day
wa	23.	Date employee stopped work, 19; day of week; hour of day m (a: m. or p: m.)
		Date employee's pay stopped; hour of day
	25.	Has employee returned to work?(Give date and hour)
	26.	777-11 1 · · · · · · · · · · · · · · · · ·
		(a) Annual leave (Give exact dates)  (b) Sick leave (Give exact dates)
air.		(c) Any other reason(Give exact dates)  (dive exact dates)
-	97	(Give exact dates)  Describe in full how injury occurred
	۷	Describe in full now injury occurred
	90	State part of body injured and nature and extent of injury
	40.	state part of body injured and nature and extent of injury
	90	Did injury cause loss of any member or part of member? If so, describe exactly
The injury	25.	Did highly cause loss of any memory of part of memory.
. 4	90	Was employee injured while in performance of duty? If not, or in doubt, give detailed statement
•	50.	was employee injured write in performance of duty.
• -	-	
	01	Was injury caused by:
;	01.	(a) Willful misconduct of the employee? (b) Intention of employee to bring about injury or death
•		of himself or another? (c) Employee's intoxication? (lf any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion).
	99	reason for his conclusion).  Was written notice of injury given within 48 hours? If not, did immediate superior have actual
	02.	
	99	knowledge of injury? (Answer to question 5, Form C. A. 1; must be complete if notice was not given within 48 hours)  Names and addresses of witnesses to injury
-		Traines and addresses of wivioses to highly management of the second sec
	0.4	(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)  Was injury caused by a third party other than a Government employee or agency? If so, has
	34.	
		employee been instructed in procedure under the Bureau's regulations?  (A detailed statement should be forwarded with this report)
	35	Name and address of physician who first attended case
25. 1. 1		How soon after injury?
Medical attendance		To what hospital sent? Location
		Name and address of physician now attending case
Signed this	3	day of, 19
at		(Title)
C. A.	2	16-6027-5 (OVER)

ARTHUR A. MORRIS, M. D., F. I. C. S., F. A. C. S. Reg. No. 8898 WILLIAM H. PHILPOTTAM Suite 702 Medical Center 915 19th Street, N. W. WASHINGTON 6, D. C. Phone: BE, 7-4600 Neurology Neurological Surgery Electroencephalography Name .....t Address .... b6 b7C Refill 0-1-2 PRN 6117 .м. W.

**v**:





# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

ICE .	i Vir	, w/
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$\Lambda$		
Name of Employee: JAMES F. BLAND		
Name of Employee: JAMES F. BLAND		
Where Assigned: Domestic Intellig	ence Subversive Con	
(Division)	(Section, Unit	:)
Official Position Title: Section Chief	- GS-16	•
Rating Period: from April 1, 1960	to March 31, 1	961
O .		,
		Employee's
ADJECTIVE RATING: OUTSTANDING	T. C. C. C. T. C. C.	Initials
Outstanding, Ex	cellent, Satisfactory, Unsatisfactory	
	7	
	b6	*
	Inspector b7C	4/14/61
Rated by:	7 Title	Date
	<b>V</b>	
Reviewed by:	Assistant Director	
Signature	Title	Date
Rating Approved by:	Assistant to	4/14/61
Signature	,	
	Title	Date
	Litte	Date
TYPE	OF REPORT   67-200 4	186-209
	OF REPORT   67-200 4	186-209
(X) Official	OF REPORT 67-200 4  REC-146 Searched Administrative MAY	186-209
	OF REPORT 67-200 4  REC-146 Searched Administrative AY  ( ) 60-Day	186-209
(X) Official	OF REPORT  REC-146 Searched  Administrative AY  ( ) -60-Day  ( ) 90-Day	186-209
(X) Official	OF REPORT   67-200 4 REC-146   Searched	186-209 Nui - 36 26 1961
(X) Official (X) Annual	OF REPORT  REC-146 Searched  Administrative AY  ( ) -60-Day  ( ) 90-Day  ( ) Transfer  ( ) Separation from	186-209 Nur 25 186 26 1961
(X) Official	OF REPORT   67-200 4 REC-146   Searched	186-209 Nui - 36 26 1961





NARRATIVE COMMENTS

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a

FD-185a (Rev. 4-14-58)

# PERFORMANCE RATING COIDE FOR INVESTIGATIVE PERSONNEL.

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee JAMES F. BLAND	Section Chief - Sub-
Audit of Employee	Rating Period: from 4/1/60 to 3/31/61
RATING GUIDE AN	ID CHECK-LIST
	should be rated. All employees in same salary grade should be compared.
Excellent.  Satisfactory (good or very good).  Unsatisfactory.  No opportunity to appraise performance during rating period.	
Guide for determining adjective rating:  1. "Outstanding" adjective rating requires (A) that all rated elements be "+" and (	(B) that <u>each and every</u> rated element be <u>factually</u> justified by narrative detail on
guide and check list and must be rated "Excellent" or "Outstanding" on the madjective rating is reasonable in the light of elements rated.  A. Any element rated "Unsatisfactory" must be supported by narrative commer	t not be rated unsatisfactory on any performance evaluation factors on the rating lajority of such rating factors. Good judgment must be exercised to insure that
B. An "official" adjective rating of "Unsatisfactory" must comply with the requi	irements described on the reverse of form FD-185.
(1) Personal appearance.  (2) Personality and effectiveness of his personal contacts.  (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).  (4) Physical fitness (including health, energy, stamina).	(17) Firearms ability.  (18) Development of informants and sources of information.  (19) Reporting ability:  (a) Investigative reports  (b) Summary reports  (c) Memos, letters, wires
(5) Resourcefulness and ingenuity.  (6) Forcefulness and aggressiveness as required.  (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.  (8) Initiative and the taking of appropriate action on own	(Consider: conciseness; clarity; organization; thoroughness; accuracy; adequacy and pertinency of leads; administrative detail.)  (20) Performance as a witness.
responsibility.  (9) Planning ability and its application to the work.  (10) Accuracy and attention to pertinent detail.  (11) Industry, including energetic, consistent application to duties.	(21) Executive ability:  (a) Leadership (b) Ability to handle personnel (c) Planning (d) Making decisions (e) Assignment of work
(12) Productivity, including amount of acceptable work produced, and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.  1 (13) Knowledge of duties, instructions, rules and regulations, in-	(f) Training subordinates (g) Devising procedures (h) Emotional stability (i) Promoting high morale (j) Getting results
cluding readiness of comprehension and "know how" of application.  O (14) Technical or mechanical skills.	(22) Ability on raids and dangerous assignments:  (a) As leader  (b) As participant
(15) Investigative ability and results:(a) Internal security cases(b) Criminal or general investigative cases	+ (23) Organizational interest, such as making of suggestions for improvement.  + (24) Ability to work under pressure.
(c) Fugitive cases (d) Applicant cases	(25) Miscellaneous. Specify and rate:  Dictation ability
(e) Accounting cases (16) Physical surveillance ability.	+ Additional responsibility
A. Specify general nature of assignment during most of rating period (such as	security, criminal, applicant squad, or as Resident Agent, supervisor, instruc-
section Chief	<del>and the second </del>
B. Specify employee's most noteworthy special talents (such as investigator, des	k man, research, instructor, speaker): Administrator
C. (1) Is employee available for general assignment wherever needs of service (2) Is employee available for special assignment wherever needs of service r	equire?. Yos If answer is not "yes," explain in narrative comments.)
D. 1. Has employee had an abnormal sick leave record during rating period?	No 2. Has employee used more sick leave (including annual leave or LWOP uring such period? Yes (If answer to either question is "Yes," explain in
E. Is employee qualified to operate a motor vehicle incidental to his official dut If answer is "yes," personnel file must reflect the following: (a) Has physically fit to drive. (c) Past safe driving record OK or has passed B	i valid State or local operator's license for type vehicle he is to use. (b) is
ADJECTIVE RATING: OUTSTANDING Outstanding, Excellent, Satisfactory, Unsa	EMPLOYEE'S INITIALS

#### JAMES F. BLAND

Mr. Bland has continued to serve throughout the rating period as Section Chief of the Subversive Control Section, Domestic Intelligence Division. This Section has the responsibility for the supervision of the investigation of individuals alleged to be subversive. Incident to this operation, and as a part of the responsibility of the Section, Mr. Bland supervises certain of the FBI's most critical and important investigative programs. It is highly important that all of the work under his supervision be current, up-to-date, and always in shape so these programs or any portion thereof could be made operational in a matter of minutes.

Mr. Bland has an ideal personality for his assignment. He makes a splendid appearance and impression. He is extremely effective in the handling of personnel and in his relationships with other Bureau officials and Government officials outside the Bureau. He has a most exemplary attitude in connection with the broad responsibilities of the Bureau, as well as those specifically charged to him. He is completely loyal, cooperative, and dependable. He is filled with enthusiasm, is dedicated to his work, and gladly shares all the burdens and responsibilities delegated to the FBI. Mr. Bland is outstanding in the qualities of forcefulness, aggressiveness, initiative, and the capacity for taking action on his own responsibility. He is most industrious and devotes himself fully to the work of the Bureau.

While Mr. Bland underwent an operation early in 1960, he is now in fine physical condition, is available for any type of dangerous or arduous assignment, and has no physical limitations whatsoever.

Mr. Bland brings to his assignment a vast amount of investigative and supervisory experience in the field and extensive Seat of Government supervisory experience. He is outstanding in the planning and supervision of the work of his Section. His productivity, as well as that of the personnel assigned to him, is always of an extremely high order. He sets a very fine example for accuracy, attention to details, and general performance, and inspires the same on the part of subordinate personnel, as shown by the high caliber of the work performed in his Section. He has a complete knowledge of the duties, work, functions and regulations of the Bureau as they apply to his work.

Employee's Initials\_\_\_\_\_

#### JAMES F. BLAND

Mr. Bland has an outstanding capacity for the preparation of letters, memoranda and other material which are complete and informative, yet succinct and to the point.

Mr. Bland's personality characteristics are such as to indicate outstanding performance and qualifications in all phases of the work of a Special Agent of the FBI. He is available and qualified for any type of executive assignment in the Bureau. He is completely dedicated to and interested in all facets of the Bureau's work and has the capacity for maximum performance and production under all circumstances. He has been commended several times by the Director for his outstanding performance during his Bureau career, and has received two such commendations during the current rating period.

Through his extensive experience in the field and at the Seat of Government, Mr. Bland has demonstrated that he is an outstanding executive, having all those qualifications which are necessary and desirable for the leadership, direction and supervision of subordinate personnel.

Employee's Initials\_\_\_\_\_

#### PART II - SPECIFIC COMMENTS

#### JAMES F. BLAND

- N.A. Justification for any Minus Ratings Given:
- 2. Experience and Ability as Inspector's Aide: Mr. Bland is a qualified Inspector's Aide; however, he did not function in that capacity during the rating period.
- 3. Participation in Informant Programs:

N.A.

4. Testifying Experience and Ability: Although he has not testified during the rating period, his make-up is such as to indicate he would be a very effective witness.
5. Disciplinary Action:

None.

Accounting Information: N.A.

Police Instruction: 7. N.A.

Sound Training: N.A.

Resident Agents: N.A. 9.

Foreign Language Ability: 10. N.A.

Employee's Initials

# 11. Administrative Advancement:

á.	Agent is interested in administrative advancement -	Yes x . No
b.	Agent is completely available for administrative advancement -	Yes x No
<b>c.</b>	Agent is considered completely qualified at present for administrative advancement including experience, ability, personality and appearance-	Yes x
d.	His qualifications for administrative advancement are considered to be (answered only if answer to "c" is "Yes") -  Very Good Excellent Outstanding	x
e.	Agent has potential for future administrative advancement (answered only if answer to "c" is "No") -	Yes

Employee's Initials\_\_\_\_\_

December 12, 1960 PERSONAL

Federal Bureau of Investigation Washington, D. C.

Dear Mr. Bland:

I am indeed pleased to commend you for the outstanding attitude you exhibited in reporting for duty today despite the extremely hazardous travel conditions.

You demonstrated a most exemplary devotion to the work of the FBI in considering your services so essential that, in spite of an announcement that all Federal Government agencies would be closed, you reported for duty. I certainly appreciate your dedicated efforts and I want you to know I have instructed that a copy of this letter be placed in your personnel file.

Sincerely yours,

A atomic

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May 25, 1961

PERSONAL

Mr. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Mr. Bland:

It gives me a great deal of pleasure to advise that you have been afforded an Outstanding performance rating covering your services from April 1, 1960, to March 31, 1961. This rating has been approved by the Efficiency Awards Committee of the De-T: partment and you may retain the enclosed copy.

\_ I am also happy to advise that I have approved an indentive award of \$400.00 for you in recognition of your valued eservices. There is enclosed a check in the amount of \$328.00, which represents this award less withholding tax. You have discharged your responsibilities in a superb fashion and I want you to know your exceptionally fine services are appreciated:

REU-140sincerely yours,

Enclosures (2)

J. Edgar, Heover 29

1 - Mr. Belmont (Personal Attention) Enclosure-You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

1 - Miss (Sent Direct) LRH:rdf (5). -

67-200486

Award #627-61

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30. VASCULAR SYSTEM (Varicosilies, etc.)  31. ABDOMENTARO VISCERA (Include hernia)		
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Standard Form 89 (Rev. Aug. 1950). "PROMULGATED BY BUREAU OF THE BUDGET CIRCULAR A-24

# REPORT OF MEDICAL HISTORY THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

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ENCLOSURE 451-515

16-62289-1

U. S. GOVERNMENT PRINTING OFFICE: 1952-O-213344

### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

The following portions of the attached examination report form need not be completed:  2 62 3 65 4 67 9 68 11 69 14 72 17 76  46. Is necessary unless facilities for affording same are not readily available.  48. Not required unless examinee is over 35 years of age or examination indicates such is	Name of Examinee	Bland	clames	Field
2 62 3 65 4 67 9 68 11 69 14 72 17 76 46. Is necessary unless facilities for affording same are not readily available.	(Type or print)	Last	First	Middle
3 65 4 67 9 68 11 69 14 72 17 76 46. Is necessary unless facilities for affording same are not readily available.	The following portions of t	he attached examination	n report form need not be	completed:
4 67 9 68 11 69 14 72 17 76  46. Is necessary unless facilities for affording same are not readily available.		2	62	
9 68 11 69 14 72 17 76  46. Is necessary unless facilities for affording same are not readily available.				
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14 72 17 76 46. Is necessary unless facilities for affording same are not readily available.		-		
17 76  46. Is necessary unless facilities for affording same are not readily available.				
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desirable.	desirable.			
49. Is necessary unless facilities for affording same are not readily available.	49. Is necessary unless f	acilities for affording sc	ame are not readily avail	able.
71. Audiometer examinations should be afforded whenever possible.	71. Audiometer examinati	ons should be afforded v	whenever possible.	
•	, , , , , , , , , , , , , , , , , , , ,			
For All Examinees, Whether Clerical or Special Agent Applicants or Employees:	For All Examinees, Wheth	er Clerical or Special A	gent Applicants or Emplo	oyees:
The medical examiner should answer the following question:	The medical examiner should a	nswer the following question:	•	
Examinee is is not qualified for strenuous physical exertion.	Examinee Lis	is not qualified for :	strenuous physical exert	ion.
To be Answered in the Case of All Male Employees and Male Applicants:	To be Answered in the Co	se of All Male Employe	es and Male Applicants:	
To be full more in the case of firm more impropers and the case of firm more in the case of firm	10 00 7 1110 1101 010 111 1110 01	oo or year mare amprey or		
<ol> <li>Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?</li> </ol>	Does examinee have a tactics and dangerous	ny defects restricting or assignments which migt	prohibiting his participo nt entail the practical us	ition in defensive e of firearms?
No Yes If "yes" please specify defects.		If "you" plages aposify	dafacts	-
Pino Pies if yes piedse specify defects.	L NO L les	if yes please specify	defects.	
2. Does examinee have any defects prohibiting safe operation of motor vehicles?	2. Does examinee have a	ny defects prohibiting s	afe operation of motor ve	hicles?
No  Yes If "yes" please specify defects	LE No LI Yes	it "yes" please specify	delects.	
If it is the left time it is about he was a constitute alarged while accepting a mate	T		can compative alasses w	hilo operating a motor
If examinee has defective vision, should he wear corrective glasses while operating a mot vehicle? $\square$ Yes $\square$ No $\mathcal{N}\mathcal{A}$	vehicle? Yes	I No NA		
67-200 1/86-212		<i>[7</i> :	-200 1186-2	12
72 1720 173 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	グァ	imility visit		

### Desirable Weight Ranges for Males

Height _	Small Frame	Medium Frame,	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5′ 5″	. 120 - 129	126 - 139	134 - 152
5′6″	124 - 133	130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5′8″	132 - 141	138 - 152	147 - 166
5′ 9″	136 - 146	142 - 156	151 - 170
5' 10"	, 140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6! 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3.	Examinee's frame is small medium large	
4.	Considering above weight table, the examinee's frame, and other individual physical characteristic I consider his present weight Satisfactory Excessive Deficient	cs,
5.	Under proper medical supervision, examinee should losepoundspounds	
Re	marks:	_
		6 7C
	(Signatur Medical Examiner)	
	30 June 1961	

August 25, 1961

PERSONAL

Mr. James F. Bland Federal Bureau of Investigation Washington, D. C. JUN IF IN 13 AM DI

Dear Mr. Bland:

On the occasion of your Twentieth Anniversary with the FBI today, it gives me special pleasure to extend my sincere congratulations and to present to you, in commemoration of this event, the Bureau's Twenty-Year Service Award Key.

In reviewing the work of the Bureau during your period of service, one of the most encouraging factors which come to my mind is the enthusiastic and unselfish dedication to our ideals which has been so typical of our associates. This has been especially true in the case of the group of loyal and experienced veterans of which you are an important member. Your loyalty, perseverance and diligent work performance, particularly in your capacity as Chief of the Subversive Control Section of the Domestic Intelligence Division, have played an important role in the field of law enforcement.

Please accept this Key as a token of our deep gratitude for your fine services. It is my hope that we may have the benefit of your experience and talents for many years to come and that I may have the pleasure of presenting awards to you on the occasions of your future anniversaries in the Bureau.

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Standard Form 88 (Rev. June-1956) Bureau of the Budget Ckrular A-52 (Rev.)	<b>O</b> EPO	PRŢ OF MEDICAI	L EXAMINAȚI <b>C</b>	5	(C (D) 88-103
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4. HOME ADDRESS (Number, H	ted or RFD, city or town, zone	e and State)		TION	6. DATE OF EXAMINATION
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Male Tive	MILITARY	RS GOVERNMENT SERVICE		III ONGANIZATION ON	•
12 DATE OF BIRTH 113	PLACE OF BIRTH		14. NAME, RELATIONSHIP,	AND ADDRESS OF NE	XT OF KIN
5-6-17 G	DOUED MI	SSOURI			~
15. EXAMINING FACILITY OR EX		2300/2/	16. OTHER INFORMATION		
·	MC				
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (2	Total)	LAST SIX MONTHS
01111041 51	MATERIA	NOTES. (Describe ev	er shoemelity in detail	Enter pertinent	item number before each
NOR- (Check each item in MAL) umn; enter "NE"		comment.	Continue in item 73 and	ușe additional she	titem number before each eets if necessary.)
NOR- (Check each item in umn; enter "NE"		-			
19. NOSE	IND SCALE	-			
20. SINUSES		-{			
21. MOUTH AND THROA	<del>,                                    </del>	-	•		
22. EARS—GENERAL (Inc.		-			
23. DRUMS (Perforation		-			
24. EYES—GENERAL (VI	-1.	-			* <del>*</del>
NE 25. OPHTHALMOSCOPIC	er stems 89, 60 and 67)				
26. PUPILS (Equality as	d reaction)	-			
27. OCULAR MOTILITY		-			
28. LUNGS AND CHEST		╡	_		
29. HEART (Thrust, size		-	·		
30. VASCULAR SYSTEM		-			
31. ABDOMEN AND VISC		╡			
32. ANUS AND RECTUM		╡			
33. ENDOCRINE SYSTEM	Prostate, if indicated)	-			
34. G-U SYSTEM		1			
35. UPPER EXTREMITIES	(Strength, range of	REC-13	9		
36. FEET	anoton)	HARTON =			
37. LOWER EXTREMITIES 38. SPINE, OTHER MUSC			67-	20048	26-215
39. IDENTIFYING BODY N	ARKS, SCARS, TATTOOS	<del>-</del>	Search		unbored
40. SKIN, LYMPHATICS				ىن ان ئ	20 1002 /
41: NEUROLOGIC (Equil	brium teels under item 72)		<i>.u</i> – –		3/108
42: PSYCHIATRIC (Specif		1/ COUTR	EW		9,11
43. PELVIC (Females on	y) (Check how done)	ENCLOSUR	-		(Wy)
	JVAGINAL DRECTAL		(Continue i	n item 73)	7
44. DENTAL (Place appropriate	symbols abore or below number	of upper and lower teeth, resp	ectively.)	REMARKS AND DEFECTS AND	D ADDITIONAL DENTAL
0—Restorable teeth  —Nonrestorable teeth	X-Missi XXX-Repla	ng teeth ced by dentures	(6 X8)—Fixed bridge, brackets include abut ments	to	
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<u>й</u> 32, 31, 30, 2	28 27 26 25	24 23 22 21	20 19 18 17	F	
<del>*</del>		LABORATORY F	NDINGS .		·
45. URINALYSIS: A. SPECIFIC G	PAVITY /, 019	C.Jennieri II	46. CHEST X-RAY (Plac	e, date, film number o	and result)
B. ALBUMIN MOD	D. MICROSCO	PIC	7		
C. SUGAR	a Mo.	<i>a</i>	13332-	62 :-	Rea
47. SEROLOGY (Specify test use	(nd result) 48. EKG	49. BLOOD TYPE AND REFACTOR	SO. OTHER TESTS	<del></del>	
nea	INNL	5 4 200			
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	· · ·	A.	·;	· · · · · ·	EASURE					is.	ندر				An H <sub>am</sub> r
1. HEIGHT	52. WEIGHT	<u> 5</u>	3. COLOR HA	IR	54. COL	OR EYES	55	5. BUILD:		, <del></del>		A			56. TEMPERATURE
OTYP	(6)	, .K	Snov	0 m		14	el	SLE	NDER	☐ MED	IUM	(d) HEAVY (	OBESE		986
. BLO	OD PRESSURE (	(Arm at he	art level) ,	v .*		58.						Arm at heart le			, "
A. SYS. /O.	У В	SYS.	C.		YS.	A. SIT	TING	B	AFTER I	XERCISE	C. 2	MIN. AFTER	D. REC	UMBENT	E. AFTER STANDING 3 MIN.
SITTING DIAS.	O BENT	DIAS.	STAND (3 mi	n.) Di	IAS.	18	4	1					,		J 14.11.
9. DIS	TANT VISION		60.			REFRACTI	ON ,		٠.	·	61.	75 M	NEA	R_VISION	u +-
IGHT 20/ 20	CORR, TO 20	o/ -	BY	-	₹S.			0)			20	CORR.	то	``	- вү
EFT 20/ 20	CORR, TO 2	10/.	BY	ī	S.	4.		ОХ			20	CORR.	то		BY
2. HETEROPHORIA (Sp	ecify distance)					* 1	×; •	~ *	•		<i>az</i>	,			,
ES® •	EX°		R. H.		L K.		PRISM D	NV.			M CONV. CT		(1 ·	PC .	* PD <sub>*</sub> ;
ACCO	MMODATION	,	64. ∞	LOR VIS	ION (Test	used and	result)	ัก /	. >			RCEPTION	U	MOORRE	CTED
RIGHT	LEFT		- AC	OC-	19	40	1	8/~/	, §		est use	d and score)	4 6	ORRECT	ED
66. FIELD OF VISION		,	67. NI	SHT VISI	ON (Test t	used and	score)			68. RE	D LENS	TEST	6	9. INTRA	OCULAR TENSION
		اد و			*										*
70. *HEA	RING		71.	·		Al	JDIOMET	TER		+		72. PSYCHOL	OGICAL A	ND PSYC	HOMOTOR
	-			F	T 1				I	•		(Tests us	ed and s	есоте)	
RIGHT WV /J	/15 SV	11	15	250 256	500 518	1000	2000 2048	3000 2898	4000 4000	6000	8000 8192	1			
			RIGHT		+	<del>                                     </del>		<del>                                     </del>				1			
LEFT WV / J.	/15, SV,	ا سیر	LEFT	1	-	<del>                                     </del>					—	1			
73. NOTES (Continued)	AND SIGNIFIC	ANT OR INT			ь					<del>l</del>		ļ		- ,	
	HID SIGNERIA	Va 1011	THE HOLD												•
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<b>*</b> **	ation.								•						
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~ L															
	<b>.</b>														
<u> </u>	j.														-
REGIO - ACHIN, DIV.	-														
3															
-	•				(Use	addition	zł shects	if necess	27 <b>y</b> )						
74. SUMMARY OF DEFE	CTS AND DIAG	NOSES (Lie	l diagnoses 1	oith item				<del> </del>				· ·			ne .
		<b>(</b>				-									
	_														
	-														,•,
			-												**
				_											
75. RECOMMENDATION	S-FURTHER SF	PECIALIST E	XAMINATION	S INDÍCA	TED (Spe	cify)		-				76.	A. PHY	YSICAL P	ROFILE
	, · · · · · · · · · · · · · · · · · · ·	1.		-			-		•	r	<b>.</b> .	P · U		<del></del> ,	H'= - E+   ·S+
								ŧ				<del>                                     </del>	<del>- `</del>	- -	<del>-    </del>
	1 - 21	<del></del>	<del></del>							+ 1	<del>,</del>	<del> </del>	<u>با</u>	<u> </u>	<del>- 1</del>
77. EXAMINEE (Check)		-	-									[	- '	-	, , <del>,</del> , , , , , , , , , , , , , , , ,
A IS QUALIFIED FO.	ALIFIED FOR	<del>-</del>	<u> </u>										B. PHYS	SICAL CA	
78. IF NOT QUALIFIED.	77 km		ECTS BY ITE	NUMBE	ER	1						A	8	1	C E
79. TYPED OR PRINTED	7-		,				<u> </u>	SIG	ŃĄŹ				* ****	Ac no.	
80. TYPED OR PRINTED	NAME OF PHYS	SICIAN	* * * * * * * * * * * * * * * * * * *					• SIG	NA	<u> </u>	<u> </u>		1		
81. TYPED OR PRINTED	NAME OF DENT	FIST OR PH	YSICIAN (Ind	icate wh	ich)	-		SIG	NATURE				, ,		
	<u>-</u>		<u> </u>					[.						7 70	1888 To 12 4
82 TYPED OR PRINTED	NAME OF REVI	EWING OFFI	ICER OR APPI	ROVING	AUTHORIT	Υ		SIG	NATURE	·····		- #s		927 1	NUMBER OF AT
B2. TYPED OR PRINTED	NAME OF REVI	EWING OFFI	ICER OR APPI	ROVING	AUTHORIT	Y	v -	1	NATURE	- <u>.</u>		- ##s	*	1	NUMBER OF AT TACHED SHEETS
82 TYPED OR PRINTED	NAME OF REVI	EWING OFFI	ICER OR APPI	ROVING	AUTHORIT	Y	π -	1				* U.S. GOYER	(MENT PR	NTING OF	TACHED SHEETS
82 TYPED OR PRINTED	NAME OF REVI	EWING OFFI	ICER OR APPI	ROVING	AUTHORIT	Y	ν - 	1		<u>-</u> -	-C	± U.S. GOVERN	MENT PR	NYING OF	TACHED SHEETS

BUREAU	. Zug.	1950) Budge:	•	ORM	C	REPORT OF MED						DED PERS	Nec		C	59-103
1. AST	NAME-	FIRST NA	ME-MIDDLE NAME	VII.	<u> </u>	TO TON OTTOME OUE ONE! AND IT						ENT OR POSIT	_	-	. 10	ENTIFE TIE NO.
	RL.	anc	d < a	<u> </u>	ne	es Field			S	pec	121	age	n	7	- <b>u</b>	
4. HOME	ADDRE	ss (Nun	iber, street or RFD, c	ity (	or tou	n, zone and Stale)			5. YUF	POSE OF	EXAMIN	IATION			6.0	ATE OF EXAMINATION
			<del>-</del>						F	nn	ua	. (				6-5-62
T)SEX	ele	8.) 2.	white	ı.	9. TO	OTAL YEARS GOVERNMENT SERVICE FARY CIVILIAN			10. AG	ENCY		11. ORGANIZ	ATK	N	TINU	
J2. DATE	OF BIRT	Н	13. PLACE OF BIF	RTH				-	14. NA	ME, REL	TIONSH	IP. AND ADDRE	SS (	ÞΕ	NEXT OF KI	N
5-6	-/9	717	Gou	) (	<u> </u> ጉ	, Missouri										
15. EXAM	INING F	ACILITY	OR EXAMINER, AND A	DDR	ESS			_	16. OT	HER INFO	RMATIC	N				
17. STATE	MENT C	F EXAMI	NEE'S PRESENT HEALT	TH IN	WO F	WORDS. (Follow by description of	past	h	istory, if c	omplain	t exists)					<del></del>
	Ģ	od.	,							<u></u>						
18 FAMI	LY HIST	ORY								19/ HA	S ANY B	LOOD RELATION	N ()	Pa	rent, brother	r, sister, other)
RELA	TION	AGE	STATE OF HEAL	JH		IF DEAD, CAUSE OF DEATH		-	AGE AT DEATH	YES	NO	(Check	oac	h	item)	RELATION(S)
FATHER		73	Good								/	HAD TUBERO	ULO	SI:	S	
MOTHER	1	69	Good					_			/	HAD SYPHIL	ıs			
SPOUSE		41	Good					_		1		HAD DIABET	ES	_		Grandfather
							_			V		HAD CANCER				cousin
BROTHE	RS						_				<u> </u>	HAD KIDNEY		_	<del></del>	
AND							_	_	<del></del>			HAD HEART		_		21 10-12
SISTER	RS						-	_		-		HAD STOMA				Pather (Colit
CHILDRE			0 1					_		1		HAD RHEUM				Mother
CHILDRE	.14	/-/-	Good					-			1	HIVES HAD EPILEPS	× /	ES/	•1	<del></del>
		16	Good				-				1	COMMITTED				<del></del>
		12	Good									BEEN INSANI				
(20) HAVE	YOU EV		OR HAVE YOU NOW (#	Place	chec	t at left of each item)	!	_		!				_		
YES NO				~	NO	(Check each item)	YES	N	101	(Check	each .	item)	YES	N	0) (0	Check each item)
-	SCARL	ET FEVE	R. ERYSIPELAS	一	V	GOITER		İ	TUMO	R. GROW	TH, CYS	T, CANCER	Т	1	RICK"	OR LOCKED KNEE
	DIPHT	HERIA		-	1	TUBERCULOSIS	_	T	RUPT	URE				1	L FOOT TR	OUBLE +
	RHEUN	AATIC FE	VER	┢	1	SOAKING SWEATS (Night sweats)	V	1	APPE	OICITIS				L	NÉURITI:	S
	SWOLL	EN OR P	AINFUL JOINTS	-	刁	ASTHMA	L	7	PILES	OR RECT	AL DISE	ASE	_	1	PARALYS	SIS (Inc. infantile)
1	MUMP	S			17	SHORTNESS OF BREATH	-	7	C FREQ	UENT OR	PAINFUL	URINATION		1	EPILEPS	Y OR FITS
	WHOO	PING COL	IGH T		17	PAIN OR PRESSURE IN CHEST	Γ	T	LKIDNI	Y STONE	OR BLO	OD IN URINE		L	CAR, TR	AIN, SEA, OR AIR SICKNESS
V	FREQU	ENT OR	SEVERE HEADACHE		17	CHRONIC COUGH	3	T	4 SUGA	R OR ALE	UMIN IN	URINE		2	FREQUE	NT TROUBLE SLEEPING
1	DIZZIN	ESS OR F	AINTING SPELLS		N	PALPITATION OR POUNDING HEART		$I_{Z}$	/ <b>B</b> OILS					1	FREQUENT	OR TERRIFYING NIGHTMARES
V	EYE T	ROUBLE			V	HIGH OR LOW BLOOD PRESSURE		I	VENE	REAL DIS	EASE			l	DEPRESS	SION OR EXCESSIVE WORRY
1	EAR, N	OSE OR	THROAT TROUBLE		1	CRAMPS IN YOUR LEGS		L	L RECE	YT GAIN	OR LOSS	OF WEIGHT		1	Coss of	MEMORY OR AMNESIA
	RUNNI	NG EARS			1	FREQUENT INDIGESTION	L	L	LARTH	RITIS OR	RHEUM	ATISM	_	1	BED WET	TTING
	CHRO	NIC OR FI	REQUENT COLDS		14	STOMACH, LIVER OR INTESTINAL TROUBLE	L	L	BONE	JOINT, C	R OTHE	R DEFORMITY	L	Ł	NERVOU	S TROUBLE OF ANY SORT
	SEVER	E TOOTH	OR GUM TROUBLE		11	GALL BLADDER TROUBLE OR GALL STONES	L	-	2 LAME				L	10		UG OR NARCOTIC HABIT
- V	SINUSI	TIS		_	19	JANADICE	L	L	LLoss	OF ARM.	LEG, FIN	GER, OR TOE		٢	سنسرا	VE DRINKING HABIT
	HAY F				14	ANY REACTION TO SERUM, DRUG OR MEDICINE	L	l	PAINT	A OR "TRI	CK"SHOU	LDER OR ELBOW	L	ľ		XUAL TENDENCIES
(21) HAVE	YOU E	VER (CI	eck each item)	7	, ,		22	. F				U EVER—	B,	00	<del> </del>	E FOLLOWING:
4		GLASSE		<u> </u> _	14	ATTEMPTED SUICIDE	_	L		PREGNA			_			ONSET OF MENSTRUATION
_			IFICIAL EYE	_	14	BEEN A SLEEP WALKER	_	1		A VAGINA	سسيمه		<u> </u> _	_		L BETWEEN PERIODS
$- \nu $		HEARIN	·	<u> </u>	14	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	_	1				ALE DISORDER	<u> _</u>	_		ON OF PERIODS
			R STAMMERED	ļ <u>.</u>	14	COUGHED UP BLOOD	<u> </u> _	1	<del></del>	PAINFUL			<u> </u>			LAST PERIOD
V 1			E OR BACK SUPPORT	+	11	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	ļ.,	L				TRUATION	QU			Check one)
PAST	MANY J THREE	YEARS1	E YOU HAD IN THE		HEL	AT IS THE LONGEST PERIOD YOU D ANY OF THESE JOBS? YTHS		,. \	WHAT IS Y	OUR USL	ME OCC	VEATION		ľ	RIGHT	

67-400486-15

<u>v</u>			
YES	МО	CHECK EACH ITEM YES OR NO. E	VERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	the state of the s
	1	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	·
	W	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	V	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	1	D. OTHER MEDICAL REASONS (If yes, give reasons)	
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	/	30. HAVE YOU'EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
	/	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	1 1 in a hayan in and a day town 1938
/	,	32. HAVE YOU HAD OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give age at which occurred)	Appendectomy - 1920 hamorrdoidectomy - 1938, Ruptured spine I dise - 1960.
	V	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR- IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	broken leg-1919; broken arm 1927; broken ribs and collarbone-1939.
		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS. HEALERS. OR OTHER PRACTITIONERS. WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	Ruptured spine (disc operation - 1960 at Naval Hospital, Bethasde, Md.
	V	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	V	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL OR OTHER REASONS? (If yes, give date and reason for rejection)	
	V	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL, OR OTHER REASONS! (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	-
,	V	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY! . (If yes, specify what kind, granted by whom, and what amount, when, why)	•
OF PROC	ITHORIZE CESSING	ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	PLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  DABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
TYPED C	OR PRINT	TED NAME OF EXAMINEE	Les GNATURE Volandors

James Field Bland

40. PHYSICIAN S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall common on all positive answers in items 20 thru 59)

OR Obove: good recovere NED as about : good

> b6 b7C

### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee	BLAND,	JAMES	FIELD		
(Type or print)	Last	First	Middle		
The following portions of the atta	ched examination rep	ort form need not be	completed:		
2	14	68			
3 4	17	69			
	62	72			
9 11	65 67	76			
	<b>v.</b>				
46. Is necessary unless facilities	s for affording same	are not readily availa	ble.		
48. Not required unless examined desirable.	e is over 35 years of	age or examination ir	dicates such is		
49. Is necessary unless facilities	s for affording same (	are not readily availa	ble.		
71. Audiometer examinations sho applicants and Special Agent accepted if the hearing loss sational speech range (500, 1	s. Applicants for the exceeds a 15 decibel	e Special Agent posit	ion will not be		
For All Examinees, Whether Cleri	cal or Special Agent	Äpplicants or Emplo	yees:		
The medical examiner should answer the	following question:				
Examinee dis dis n	ot qualified for stren	uous physical exerti	on.		
To be Answered in the Case of A	II Male Employees an	nd Male Applicants:			
1. Does examinee have any defectactics and dangerous assignment					
No □Yes If "yes"	please specify defe	cts			
-					
2. Does examinee have any defect	cts prohibiting safe o	peration of motor veh	icles?		
No Yes If "yes"	please specify defe	cts	<del> </del>		
If examinee has defective visivehicle? Yes No	on, should he wear c	orrective glasses wh	ile operating a motor		
	2 200 0	11-45			

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5′ 4″	117 - 125	123 - 135	131 - 148
5′.5″	120 - 129	126 - 139	134 - 152
5'.6"	124 - 133	130 - 143	138 - 157
5′ 7″	- 128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5′ 9″	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6' –	148 - 158	154 - 171	164 - 185
61.14.	152 - 163	158 - 176	169 - 190
6' 2"	1- 156 <b>-</b> 167	• T163 - 181	174 - 195
6' 3"	. 160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5 <b>"</b>	174 - 185	182 - 202	192 - 216

3.	Examinee	's frame is	□ small	medium	large		
4.	Consider	ing above w r his presen	eight table, that weight	e examinee's frame Satisfactory	, and other indi	vidual physical charac Deficient	eteristics,
A G	Underpro	oper medical	supervision,	examinee should	lose	pounds	
41H. 1	L P#.		•	ě,	gain	pounds	
QR€	marks:						
, 0, 2, 5, , - 1, E	Jon 20	<b>a</b>		······································		·	b6 b7
-	No Property	•	•	(Sig	nature of Medic	af Examiner)	
		,		6	- 5-62	<u>/</u>	
				(Dá	te)		

1. "Agency o	nd organizational d	s hadi	. OF JUSTI	CE		,		. Payroll period	-	3. Block No.		4, Slip No.
	5. Employee's no #108714	me (and social secur	ity account number when					Grade and si	olory GS Contro	16 1 Sac	\$15, tion)	
<u></u>	<del> </del>	p 4			ROLL CHA			- 4		t	,	
	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX:	BOND	F.I.C.A.	STATE TAX	GROUP LIFE INS.	,	1	NET PAY
7. Previous normal			1			,						1
8. New normal					1					, i	1	
9. Pay this period			l:	<u>.</u>	. 25	3	1	4			-	
10. Remarks:				1			11,	Appropriation	(s)	1 12	Prepared	by
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b p	,	<b>y</b> 1	by		í	1 /	1	}			4	
	Periodic ste	p-increase Poy	adjustment: Other st	ep-increase _	· 	,			,	,		7) 1
	14. Effective date	15. Date last equi	ivalent 16. Old salary rate	17. New s	olory 18. F	erformance r	oting is sotisfo	ctory or better.	24		4	ı
		1		ľ		(	1	82.	C. Con	W.	<b>4.</b> * T	
<b>)</b>	12-24-61			\$15,	515	· · · · · · · · · · · · · · · · · · ·		The state of the last of the l	or other author			
<i>Ş</i> ;	oloj ggildo V 1900ji S	(rill in appropriate s wing periods): LWOR, Total excess	Doces covering LWOP	7	7	und		Check applicable In pay statu In LWOP sta	s at end of w	aiting period.	1	Lanitials of Clerk
6 G/	FORM NO. 1126d AO 8000 16-507	JAN 12	1965 1965	ς <sub>1</sub>	l N	AYROLL	CHANGE S	SLIP — PEI	RSONNEL	COPY	2 1	,
*(	,		1	* , (,		• .	,	ì			9/	フカ

BLAND. JAMES	FIELD	GRADE AND COMPONENT OR POSITI	ON RIDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone	and State)	PURPOSE OF EXAMINATION	DATE OF EXAMINATION
			3
		ANNUAL	5-21-63
9. TOTAL YEAR MILITARY	S GOVERNMENT SERVICE	10, AGENCY 11. ORGANIZA	TION UNIT
DATE OF BIRTH . PLACE OF BIRTH	CIVILIAN	14. NAME, RELATIONSHIP, AND ADDRES	S OF NEVY OF VIN
			O,OI HAMI OF HIM
5-6-17   GOWER, MI	SSOURI		
5. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	-	16. OTHER INFORMATION	
\ NNM C			
7. RATING OR SPECIALTY	- <del>-</del>	TIME IN THIS CAPACITY, (Total)	LAST SIX MONTHS
CLINICAL EVALUATION	NOTES (Describe	every abnormality in detail. Enter pe	stinant item number before and
NOR-   (Check each item in appropriate col- TABNOR	1 comment	Continue in item 73 and use addition	nal sheets if necessary.)
MAL umn; enter "NE" if not evaluated.) MAL  18. HEAD, FACE, NECK, AND SCALP	1		
19. NOSE	1		
20. SINUSES			
21. MOUTH AND THROAT	1		
22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under stems 70 and 71)	]		
23. DRUMS (Perforation)	]		
24. EYES—GENERAL (Visual active and refraction under items 69, 60 and 67)	]		
25. OPHTHALMOSCOPIC	-		
26. PUPILS (Equality and reaction)	4		3
27. OCULAR MOTILITY (Associated parallel more- ments, nuslamus)  28. HINGS AND CHEET (Include Association)	-	2-1	<i>5</i> 4
28. LUNGS AND CHEST (Include breasts) 29. HEART (Thrust, size, rhythm, sounds)	-	rige & Soutum	*
30. VASCULAR SYSTEM (Varicosities, etc.)	1 ~ 0	rush & My	
31. ABDOMEN AND VISCERA (Include hernia)	- Iwas	' 1 <sup>-</sup>	
32. ANUS AND RECTUM (Prostate, ) andicated)	1		*
33. ENDOCRINE SYSTEM	]		
34. G-U SYSTEM	]	. W	_
35. UPPER EXTREMITIES (Strength, range of motion)	1	W	010
36. FEET			126-210
37. LOWER EXTREMITIES (Except feet) (Strength range of motion) 38. SPINE, OTHER MUSCULOSKELETAL	DE	67- Num	pered
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	199	Num	7 1963
40, SKIN, LYMPHATICS	REL	ARO. Searched 4 JUL 1	1000
41. NEUROLOGIC (Equilibrium tests under item 72)	1		
42. PSYCHIATRIC (Specify any personality desiation)	1		<b>ウ</b> ル
43. PELVIC (Females only) (Check how done)	1		7/
□ VAGINAL , □ RECTÄL		(Continue in item 73)	
14. DENTAL (Place appropriate symbols above or below number	• • • •	DEFE	ARKS AND ADDITIONAL DENTAL CTS AND DISEASES
O-Restorable teeth X-Missir   I-Nonrestorable teeth XXX-Replac		(6 X8)—Fixed bridge, brackets to include abut ments	<del></del>
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7 0 3 3 2 20 21 20 25	" " " " " " " " " " " " " " " " " " "	11 20 19 18 17 F	
	LABORATORY	FINDINGS	
5. URINALYSIS: (A. SPECIFIC GRAVITY / 10/5	LABURATUKT	46. CHEST X-RAY (Place, date, film n	number and result)
B. ALBUMIN D. MICROSCOP	ic		<i>1</i>
	ic	12281-63 Ac	e report.

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	V	CACHDEMENTA	AUD OTHER	EINDINGS.	E - WORLD COLD &	T MARKETON FOR W. DARK	to an experience of the grant	
ET UPICUT SE EURICUT \$ 1 52	COLOR HAIR	EASUREMENTS			<del></del>			56. TEMPERATURE
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57. BLOOD PRESSURE (Arm at heart	(level) 1 "	58.		727		Arm at heart level)		
SITTING DIAS. 66 RECUM- BENT DIAS.	STÂNDING -		TTING I	B. AFTER EXE	RCISE C.72	MIN. AFTER D.	RECUMBENT	E. AFTER STANDING 3 MIN.
59. DISTANT VISION	60.	REFRACT	ION.		61.		NEAR VISION	the sales of the real of the sales of the sa
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62. HETEROPHORIA (Specify distance)	1		ŧ" ,			<del>/</del>	,	
ES° EX° R.	<b>H.</b>	LH,	PRISM DIV.		PRISM CONV	•	PC	PD
63. ACCOMMODATION	64. COLOR VISI	ON (Test used an	d result)	/	65. DEPTH PE	RCEPTION and score)	UNCORREC	TED ,
RIGHT	11440;	40C	18/18	1 - 1 2			CORRECTE	
66. FIELD OF VISION	67. NIGHT VISK	ON (Test used and	( acoré)	ľ	68. RED LENS	TEST	69. INTRAC	CULAR TENSION
70. HEARING	71,		UDIOMETER		<del>`</del>	72. PSYCHOLOGI	CAL AND PSYCH	OMOTOR *
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73. NOTES (Continued) AND SIGNIFICANT OR INTER	VAL HISTORY.	'es		<u>-</u>			/ ···	1 1
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74 SUMMARY OF DEFECTS AND DIAGNOSES (List d	iagnoses with item	numbers)	,		<del></del>	· · · · · · · · · · · · · · · · · · ·		<u>-</u>
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75. RECOMMENDATIONS - FURTHER SPECIALIST EXA	MINATIONS INDICA	TED (Specify)					PHYSICAL PR	
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77. EXAMPLEE (Check)	M C					1		k
A. IS QUALIFIED FOR  B. IS NOT QUALIFIED FOR						В.	PHYSICAL CATI	GORY b
78: IF NOT QUALIFIED. LIST DISQUALIFYING DEFECT	S BY ITEM NUMBE	<del>z                                     </del>					в.	C E
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80. TYPED OR PRINTED NAME OF PHYSICIAN.		* .	SIC	NATURE	·			3
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81. TYPED OR PRINTED NAME OF DENTIST OR PHYSI	CIAN (Indicate whi	(ch)	*	NATURE		. II	<b>6</b>	- 4
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BUHND , NAME OF 1 1220	AGE SEX (Check one)  BEDSIDE, WHEELCHAI	R. C BED
	TO I'   L. OR STRETCHER	L'PATIENT L'AMBULATORY
68/4" 165#	EXAMINATION REQUESTED	*
00/4	REQUESTED BY	DATE OF REQUEST
E(Abore space foremechanical imprinting, if used)	ucdaraten ni	5-2/-6
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAG	2120H3	,
ş V		
FILM NO. 12281-63	DATE OF REPORT	21 May 63
RADIOGRAPHIC REPORT		Case Programme
CHEST: Progress PA view of the chest shows	o change since previou	s studies of
June 1962. There is no evidence of active	pulmonary disease.	b6
JRH: tec	• •	b7C
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Mir o		
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Department of Radiology, 1		
U. S. Naval Hospital	ECDR M	C USN
National Naval Medical Center  National Naval Medical Center  National Naval Medical Center	••	
13232 Bethesda 44, Haryland	SIGNATURE: (Specify location of laboratory	if not part of requesting facility)
		Form 519A (Rev. Aug. 1954) ted by Bureau of the Budget
<u> </u>	•	Circular A-32 (Rev.)
NAME OF HOSPITAL OR OTHER MEDICAL FACILITY	11/2004	RADIOGRAPHIC REPORT
MINCLOSUR	週ひ/一分の一下	86-040

Standard Form 89
(Rev. Aug. 1930)
PROVIDENTED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

# REPORT OF MEDICAL HISTORY OF MEDICAL HISTORY



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(17.	TATE	EMENT	OF EXAM	inee's present	HEALTH	IIN	i ÓWI	N WORDS. (Follows)	ow by description of	pas	t his	tory, if	omplair	ıt existə)			•					
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	V	DIPHT	HERIA	v :	. , ·	·	1	TUBERCULOSIS			1	RUPT	JRE		a 1		V	FOOT TE	OUBLE	**		-
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-	V	SWOL	LEN OR PA	NINFUL JOINTS		-	7	ASTHMA	187 (8)	V	1	PILES	OR RECT	TAL DISE	ASE "	-	V	PARALY:	is (Inc.	infantil	e)	
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$\checkmark$		WHOO	PING COL	GH	, ,	٦	V)	PAIN OR PRESSU	RE IN CHEST	1	V	KIDNE	Y STONE	OR BLO	OD IN URINE		V	CAR: TR	AIN, SEA	OR AIR	SICKNE	SS
	1	FREQU	JENT OR	EVERE HEADACH	łE ,		V,	CHRONIC COUGH			V	SUGA	R OR ALE	NI NIMUS	URINE	·	V	FREQUE	IT TROU	BLE SLEE	PING	
	4	DIZZII	NESS OR F	AINTING SPELLS	3		V,	PALPITATION OR	POUNDING HEART		V	BOILS					1	FREQUENT	OR TERF	UFYING NI	GHTMAR	ES
٠,	1	EYE T	ROUBLE				V	HIGH OR LOW B	LOOD PRESSURE		IV	VENER	REAL DIS	EASE			V	DEPRESS	ION OR	EXCESSIV	E WOR	RY
	V	EAR, I	NOSE OR 1	HROAT TROUBL	E		V	CRAMPS IN YOU	R LEGS		V	RECEN	IT GAIN	OR LOSS	OF WEIGHT		V	LOSS OF	MEMOR	Y OR AM	ŅESIA	
	1	RUNN	ING EARS				ZĮ,	FREQUENT INDIC	ESTION .		V	ARTH	RITIS OR	RHEUMA	TISM		V	BED WE	TING			
	V	CHRO	NIC OR F	EQUENT, COLDS			V	STOMACH, LIVER OF	RINTESTINAL TROUBLE		V	BONE.	JOINT. C	R OTHER	DEFORMITY		V	NERVOU	S TROUE	LE OF A	Y SORT	r
	V	SEVE	RE TOOTH	OR GUM TROUB	LE		V	GALL BLÁDDER TRO	UBLE OR GALL STONES		1	LAME	NESS				V	ANY DRI	G OR N	ARCOTIC	HABIT	
	1	SINUS	ITIS				V	JAUNDICE			V	Loss	OF ARM.	LEG. FING	er, or toe		V	EXCESSI	VE DRIN	KING HA	BIT	
	V	HAY F	EVER		· -		V	ANY REACTION TO S	SERUM, DRUG OR		7	PAINFU	L OR "TRI	CK" SHOU	LDER OR ELBOW	Ţ.	V	HOMOSE	XUAL TE	NDENCIE	s .	
21.	IAVE	YOUE	VER (Ch	eck each iten	n)		-	,		22,	. FEI	MALES O	NLY: A.	HÀVE YO	U EVER-	В.	сом	LETE TH	FOLLO	wing:	۳	
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	1	WORN	AN ART	FICIAL EYE		7	7	BEEN A SLEEP W		Γ	Τ	HAD A	VAGINA	L DISCH	ARGE	1		INTERVA	L BETW	EEN PERI	ODS	
	V	WORN	HEARING	AIDS	÷	7	7	LIVED WITH ANYON TUBERCULOSIS	E WHO HAD	1	1	BEEN Y	REATED F	OR A FEMA	ILE DISORDER	-		DURATIO	N OF PE	RIODS		
	V	STUT	TERED OF	STAMMERED	<del> -</del>	7	1	COUGHED UP BL		-	Τ	HAD F	AINFUL	MENSTRU	JATION			DATE OF	LAST P	ERIOD		
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23.	HOW	MANY.	OBS HAV	E YOU HAD IN TH	₹E 12	24.	WHA	AT IS THE LONGES	T PERIOD YOU	25	. wi	HAT IS Y	our usu	IAL OCCU	PATION		26.	ARE YOU	(Chec	k one)		_
	100	INKEE	YEARS					d any of these Iths	•∙•••••••••••••••••••••••••••••••••••								1	RIGHT !	HANDED	[] w	C P'ANDED	

CHECK EACH JTEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT  27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:  A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.  B. INABILITY TO PERFORM CERTAIN MOTIONS,  C. INABILITY TO ASSUME CERTAIN POSITIONS.  D. OTHER MEDICAL REASONS (If yes, give reasons)  28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?  29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)  30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
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31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE! (If yes, state reason and give details)	l'ectomy Ave
31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE!  (If yes, state reason and give details)  32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY-OPERATIONS! (If yes, describe and give age at which occurred)  32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY-OPERATIONS! (If yes, describe and give age at which occurred)  32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY-OPERATIONS! (If yes, describe and give age at which occurred)	red disc Age
voluntary) in A MENTAL HOSPITAL OR SANATOR:  UMN (If yes, specify when, where, why, and  when the declar and complete eddess of	-
34. Have you ever had any illness or injury other 34. Byoken leg Age 22; Droken Co Than Those Already Noted? (If yes, specify when, where, and give details) Tibs-Age 22;	/(arpone an
134. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED! (If yes, specify when, where, and give details)  35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)  37. BYOKEN 1eg 1992 22; Broken Co  TIBS-Page 22; Br	Md-Kingture
36: HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	جاری است. د
37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL OR OTHER REASONST. (If yes, give date and reason for rejection)	b7C
38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY  SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER  REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	·
39. HAVE YOU EVER RECEIVED. IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABIL- ITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	
I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLED. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	RECORD FOR PURPOSES
James F. Bland. Signature James H. Bland.	7.
PHYSICIAN S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 59).	
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Bland, Frank Lield.	
CAPT, MC USN	NUMBER OF ATTICHED
CAPT. MC USN	NUMBER OF ATTICHED SHEETS

#### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee	BLAND	JAMES	FIELD
(Type or print)	Last	First	Middle
The following portions of the	e attached examination re	port form need not be c	ompleted:
2	14	68	
3	17	69	
4	62	72	
9	65	<b>7</b> 6	
11	<b>6</b> 7		
46. Is necessary unless fac	ilities for affording same	are not readily availab	ole.
48. Not required unless exa desirable.	minee is over 35 years of	age or examination ind	licates such is
49. Is necessary unless fac	ilities for affording same	are not readily availab	le.
accepted if the hearing	s should be afforded whe Agents. Applicants for the loss exceeds a 15 decibe 500, 1000, 2000 cycles).	ie Special Agent positi	on will not be-
For All Examinees, Whether	Clerical or Special Agen	t Applicants or Employ	0051
The medical examiner should answ	ver the following question:		ees. <u>-</u>
Examinee Lis L	lis not qualified for stre	nuous physical exertio	n
#	•		
To be Answered in the Case	of All Male Employees o	ind Male Applicants:	
Does examinee have any tactics and dangerous as	defects restricting or pro signments which might e		
☑No ☐Yes If	"yes" please specify def	ects	
2. Does examinee have any	defects prohibiting safe "yes" please specify def		cles?
examinee wear corrective	vehicles, Civil Service e eye and 20/100 in the c e glasses while operating ed on a factor other than	other, corrected or unco a motor vehicle?	rrected Should .
· · · · · · · · · · · · · · · · · · ·	المنافذ المنافذ المنافذ المنافذ المنافذ المنافذ المنافذ المنافذ المنافذ المنافذ المنافذ المنافذ المنافذ المنافذ	12 202 48	S-J/P

### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5′ 4″	117 - 125	123 - 135	131 - 148
5′ 5″	120 - 129	126 - 139	134 - 152
5′ 6″	124 - 133	130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5′8″	132 141	138 - 152	147 - 166
5′ 9″	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5 <u>"</u> 11"	144 - 154 <sup>.</sup>	150 - 166	160 - 180
6′	148 - 158	154 - 171	بر
6' 1"	<sup>‡</sup> 152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	جرب من 174 - 174 عرب من 195
6′ 3″	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	. 182 - 202	192 216

3.	Examinee's frame is small medium large	
4.	Considering above weight table, the examinee's frame, and other individual physical characteristics I consider his present weight Satisfactory Excessive Deficient	,
<b>5.</b>	Under proper medical supervision, examinee should losepoundspounds	
Re	marks:	b6 b70
	(Signature of Medical Examiner)	

Signature of Medical Examiner

(Date)

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	Periodic st	ep-Increase 🗌 Pay adju	ustment Other st	p-Increase	) ) 	k s		,	٠	
		15. Date last equiva-	16., Old solony	17. New solary rate	18. Performance rati	ing is satisfacto	ry or better."		ŀ	•
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TILLE IN THIS CARACTY (TREAT)  CELLICIAL EVALUATION  CELLICIAL EVALUATION  CELLICIAL EVALUATION  CELLICIAL EVALUATION  CELLICIAL EVALUATION  CELLICIAL EVALUATION  CELLICIAL EVALUATION  COMPARIA IN CONTROL IN SOCIETA CONTROL IN CONT		
THE IN THIS CAPACITY (TRAD)  CHINGLE SYLUTION  CHINGLE SYLUTION  CHINGLE SYLUTION  CHINGLE STATE AND A	P ( )	16. OTHER INFORMATION
ELINICAL EVALUATION  TOTAL CONTROL STATE OF THE PROPERTY COST. PRO		TIME IN THIS CAPACITY (TwoD)
18. SERIC PRICE IN THE PRICE AND SCALE PARTY.  19. SOUTH AND THEOAT  22. LAKS—GENERAL Control of Annual	The in this salvent (1994)	
18. SERIC PRICE IN THE PRICE AND SCALE PARTY.  19. SOUTH AND THEOAT  22. LAKS—GENERAL Control of Annual  CLINICAL EVALUATION NOTES	5. (Describe every abnormality in détail) Entér pertinent item number before each	
18. HEAD. FACE. HECK, MOS SCALE    18. HEAD. FACE. HECK, MOS SCALE    18. HEAD. FACE. HECK, MOS SCALE    18. HEAD. FACE. HECK, MOS SCALE    18. HEAD. FACE. HECK, MOS SCALE    18. HEAD. FACE. HEAD. HEAD. HECK    18. HEAD. FACE. HEAD. HEAD. HEAD. HEAD. HEAD.    18. HEAD. HEAD. HEAD. HEAD. HEAD. HEAD. HEAD. HEAD.    18. HEAD.		comment. 'Continue in item 73' and use additional sheets if necessary.)
28. DEVISE (Prigration)  28. DEVISE Court (Virgination)  28. DEVISE (Expediting and reaction)  28. DEVISE (Expediting and reaction)  28. DEVISE (Expediting and reaction)  29. COULAR MOTHETY (Intercalated parallel masses  29. Linkson And District (Include therein)  29. NASCULAR SYSTEM  20. NASCULAR SYSTEM  20. NASCULAR SYSTEM  21. DEVISER (Intercalated therein)  22. AND AND VISCERA (Include therein)  23. DEVOCOPINE SYSTEM  35. DEVOCOPINE SYSTEM  35. DEVOCAPINE SYSTEM  36. FEET:  37. DEVOCAPINE SYSTEM  38. SHER, CYTHER MILES (Correctly, reases of massion)  38. SHER, CYTHER MILES (Correctly, reases of massion)  39. DESTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  41. RELUGGOGIC (Expellation tests under time 77)  42. RESUGNICATION (Expellation tests under time 77)  43. RESUGNIA (Fixee appropriate symbola above on below number of upper abligator tests), respectively.  44. RELUGGOGIC (Expellation tests under time 73)  45. RESUGNIA TIPIC (Expellation tests under time 74)  46. RESUGNIA TIPIC (Expellation tests under time 75)  47. NORTHATORIC (Expellation tests under time 76)  48. RESUGNIA TIPIC (Expellation tests under time 76)  49. RELUGGOGIC (Expellation tests under time 76)  40. SKIN, LYMPHATICS  41. RELUGGOGIC (Expellation tests under time 76)  42. RESUGNIA TIPIC (Expellation tests under time 76)  43. RELUGGOGIC (Expellation tests under time 76)  44. RELUGGOGIC (Expellation tests under time 76)  45. RESUGNIA TIPIC (Expellation tests under time 77)  46. RELUGGOGIC (Expellation tests under time 76)  47. NORTHATORIC (Expellation tests under time 77)  48. RELUGGOGIC (Expellation tests under time 77)  49. RELUGGOGIC (Expellation tests under time 77)  41. RELUGGOGIC (Expellation tests under time 77)  41. RELUGGOGIC (Expellation tests under time 77)  42. RESUGNIA TIPIC (Expellation tests under time 77)  43. RELUGGOGIC (Expellation tests under time 77)  44. RELUGGOGIC (Expellation tests under time 77)  45. RESUGNIA TIPIC (Expellation tests under time 77)  46. RELUGGOGIC (Expellation tests under time 77)  47. RE	19 HEAD FACE HEEV AND COME	
28. DEVISE (Prigration)  28. DEVISE Court (Virgination)  28. DEVISE (Expediting and reaction)  28. DEVISE (Expediting and reaction)  28. DEVISE (Expediting and reaction)  29. COULAR MOTHETY (Intercalated parallel masses  29. Linkson And District (Include therein)  29. NASCULAR SYSTEM  20. NASCULAR SYSTEM  20. NASCULAR SYSTEM  21. DEVISER (Intercalated therein)  22. AND AND VISCERA (Include therein)  23. DEVOCOPINE SYSTEM  35. DEVOCOPINE SYSTEM  35. DEVOCAPINE SYSTEM  36. FEET:  37. DEVOCAPINE SYSTEM  38. SHER, CYTHER MILES (Correctly, reases of massion)  38. SHER, CYTHER MILES (Correctly, reases of massion)  39. DESTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  41. RELUGGOGIC (Expellation tests under time 77)  42. RESUGNICATION (Expellation tests under time 77)  43. RESUGNIA (Fixee appropriate symbola above on below number of upper abligator tests), respectively.  44. RELUGGOGIC (Expellation tests under time 73)  45. RESUGNIA TIPIC (Expellation tests under time 74)  46. RESUGNIA TIPIC (Expellation tests under time 75)  47. NORTHATORIC (Expellation tests under time 76)  48. RESUGNIA TIPIC (Expellation tests under time 76)  49. RELUGGOGIC (Expellation tests under time 76)  40. SKIN, LYMPHATICS  41. RELUGGOGIC (Expellation tests under time 76)  42. RESUGNIA TIPIC (Expellation tests under time 76)  43. RELUGGOGIC (Expellation tests under time 76)  44. RELUGGOGIC (Expellation tests under time 76)  45. RESUGNIA TIPIC (Expellation tests under time 77)  46. RELUGGOGIC (Expellation tests under time 76)  47. NORTHATORIC (Expellation tests under time 77)  48. RELUGGOGIC (Expellation tests under time 77)  49. RELUGGOGIC (Expellation tests under time 77)  41. RELUGGOGIC (Expellation tests under time 77)  41. RELUGGOGIC (Expellation tests under time 77)  42. RESUGNIA TIPIC (Expellation tests under time 77)  43. RELUGGOGIC (Expellation tests under time 77)  44. RELUGGOGIC (Expellation tests under time 77)  45. RESUGNIA TIPIC (Expellation tests under time 77)  46. RELUGGOGIC (Expellation tests under time 77)  47. RE	19. NOSE	I I Wannal To
28. DOUGHS (Projections) 24. EVES-CREMENT (Verget annuty and refraction) 25. DOTHTHALMOSCOPIC 26. PUPILS (Expellitly and reaction) 27. COULAR MOTHETY (Internated permitted mere) 27. COULAR MOTHETY (Internated permitted mere) 27. LUINGS AND CHIEF (Internated termits) 27. LUINGS AND CHIEF (Verget (Verget annut)) 28. HENRY (Through AND VISCERA (Intelacte termits) 29. HENRY (Through AND VISCERA (Intelacte termits) 21. AND AND THE (Verget (Vergetal)) 22. AND AND THE (Verget (Vergetal)) 23. LONGORIE SYSTEM 23. LONGORIE SYSTEM 24. LUINGS AND CHIEF MISSION (Vergetal) 25. FEET 27. LOWER EXTREMITES (Correctly, reases of mention) 28. SPEC (Vergetal) 29. DEPARTY (INTERNATED CORRECTION MISSION MISS	20. SINUSES	Mistrice 100
28. DEVISE (Prigration)  28. DEVISE Court (Virgination)  28. DEVISE (Expediting and reaction)  28. DEVISE (Expediting and reaction)  28. DEVISE (Expediting and reaction)  29. COULAR MOTHETY (Intercalated parallel masses  29. Linkson And District (Include therein)  29. NASCULAR SYSTEM  20. NASCULAR SYSTEM  20. NASCULAR SYSTEM  21. DEVISER (Intercalated therein)  22. AND AND VISCERA (Include therein)  23. DEVOCOPINE SYSTEM  35. DEVOCOPINE SYSTEM  35. DEVOCAPINE SYSTEM  36. FEET:  37. DEVOCAPINE SYSTEM  38. SHER, CYTHER MILES (Correctly, reases of massion)  38. SHER, CYTHER MILES (Correctly, reases of massion)  39. DESTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  41. RELUGGOGIC (Expellation tests under time 77)  42. RESUGNICATION (Expellation tests under time 77)  43. RESUGNIA (Fixee appropriate symbola above on below number of upper abligator tests), respectively.  44. RELUGGOGIC (Expellation tests under time 73)  45. RESUGNIA TIPIC (Expellation tests under time 74)  46. RESUGNIA TIPIC (Expellation tests under time 75)  47. NORTHATORIC (Expellation tests under time 76)  48. RESUGNIA TIPIC (Expellation tests under time 76)  49. RELUGGOGIC (Expellation tests under time 76)  40. SKIN, LYMPHATICS  41. RELUGGOGIC (Expellation tests under time 76)  42. RESUGNIA TIPIC (Expellation tests under time 76)  43. RELUGGOGIC (Expellation tests under time 76)  44. RELUGGOGIC (Expellation tests under time 76)  45. RESUGNIA TIPIC (Expellation tests under time 77)  46. RELUGGOGIC (Expellation tests under time 76)  47. NORTHATORIC (Expellation tests under time 77)  48. RELUGGOGIC (Expellation tests under time 77)  49. RELUGGOGIC (Expellation tests under time 77)  41. RELUGGOGIC (Expellation tests under time 77)  41. RELUGGOGIC (Expellation tests under time 77)  42. RESUGNIA TIPIC (Expellation tests under time 77)  43. RELUGGOGIC (Expellation tests under time 77)  44. RELUGGOGIC (Expellation tests under time 77)  45. RESUGNIA TIPIC (Expellation tests under time 77)  46. RELUGGOGIC (Expellation tests under time 77)  47. RE	21 MOUTH AND THROAT	1 Constitution
28. EYES—GENERAL (West active out of reputation)  27. OPHTHALMOSCOPIC  28. CHURCH SCRIPTING and rection)  27. OCULAR MOTHETY (Assecutes protect near)  28. LUNGS AND CHEST (Include bereit)  29. NASCULAR SYSTEM (Vertechiles, etc.)  21. ABOOMEN AND VISCERA (Include bereit)  21. AND AND RECTAL (Protechiles, etc.)  21. AND AND RECTAL (Protechiles, etc.)  21. AND AND RECTAL (Protechiles, etc.)  23. SERVICE EXTERNITIES (General, respectable)  24. PRINTER EXTERNITIES (General, respectable)  25. SEET  26. SEET  27. LOWER EXTREMITIES (General, respectable)  28. SPECH AND ROTHER MUSCURGKLETAL  29. DESTINAL (Protechiles, etc.)  21. RECTOR (Protechiles, etc.)  22. AND ADD RECTAL  23. SPINC, OTHER MUSCURGKLETAL  24. PRINTER EXTREMITIES (General, respectable)  25. PRINTER CONTROLOGNET (Special protechiles)  26. SEET  27. LOWER EXTREMITIES (General, respectable)  28. SPINCH LYPING GOOD MARKS, SCARS, TATIOOS  29. RECTOR (Protechiles)  20. SERVICHATIC (Special protechiles)  20. SERVICHATIC (Special protechiles)  21. RECTOR (Protechiles)  22. MARKS (Protechiles)  23. SPINC, OTHER MUSCURGKLETAL  24. PRINTER (Protechiles)  25. PRINTER CONTROLOGNET (Special protechiles)  26. SERVICHATIC (Special protechiles)  27. A SERVICHATIC (Special protechiles)  28. PRINTER CONTROLOGNET (Special protechiles)  29. PRINTER CONTROLOGNET (Special protechiles)  20. SERVICHATIC (Special protechiles)  20. SERVICHATIC (Special protechiles)  20. SERVICHATIC (Special protechiles)  21. RECTOR (Special protechiles)  22. MARKS (Protechiles)  23. RECTOR (Special protechiles)  24. PRINTER CONTROLOGNET (Special protechiles)  25. RECTOR (Special protechiles)  26. CREATING AND ADDITIONAL DEBTAL  27. SERVICHATIC (Special protechiles)  28. ALBUMN  29. MARKS (Special protechiles)  29. MARKS (Special protechiles)  20. MARKS (Special protechiles)  20. MARKS (Special protechiles)  20. MARKS (Special protechiles)  20. MARKS (Special protechiles)  20. MARKS (Special protechiles)  20. MARKS (Special protechiles)  20. MARKS (Special protechiles)  20. MARKS (Special protech	22. EARS—GENERAL county under tiems 70 and 71)	ma Coronador
### SCONTINUAL OSCOPIC   The Feet Color of the Color of t		187- 20AU18/ -00
## TO APR 10 1964  ## TO APR 10		REC-137 Sepreba
28. UNISS AND CHEST (Thresh fire) parallel most.  28. UNISS AND CHEST (Include brisis)  20. MASCULAR SYSTEM (Verlocalis)  22. AND AND VISCERA (Include brisis)  23. AND AND VISCERA (Include brisis)  24. AND AND VISCERA (Include brisis)  25. AND CHEST (Verlocalis)  26. FIRED (Verlocalis)  27. AND CHEST (Verlocalis)  28. AND AND VISCERA (Include brisis)  29. ENDOCGINE SYSTEM  31. G-U SYSTEM  31. G-U SYSTEM  31. DENTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  40. SKIN, LYMPHATICS  41. DENTIAL (Place appropriate supposed above a below number of upper and gover testa, respectively)  41. DENTIAL (Place appropriate supposed above are below number of upper and gover testa, respectively)  42. POWER CHERT NUMBER STORM (Place appropriate supposed above are below number of upper and gover testa, respectively)  44. DENTIAL (Place appropriate supposed above are below number of upper and gover testa, respectively)  45. UNINALYSIS: A. 59ECIFIC GRAVITY  46. CHEST X-RAY (Place, date, film number and result)  45. UNINALYSIS: A. 59ECIFIC GRAVITY  46. CHEST X-RAY (Place, date, film number and result)  47. SEROLOGY (Spicify test used and result)  48. EKCG  49. BLOOD TYPE AND RH  47. SEROLOGY (Spicify test used and result)  48. EKCG  49. BLOOD TYPE AND RH  47. SEROLOGY (Spicify test used and result)  48. EKCG  49. BLOOD TYPE AND RH  47. SEROLOGY (Spicify test used and result)		/
18. LUNGS AND CHEST (Include breath)  19. HEART (Thrust, site, tryptim, pounds)  20. NASCULAR SYSTEM (Verleculities, etc.)  21. ANDS AND RECTUM (Include herrino)  32. ANDS AND RECTUM (Include herrino)  33. ENDOCGINE SYSTEM  34. G-U SYSTEM  35. UPER EXTEMITIES (Strength, reaspe of micro)  36. FEET  37. LOWER EXTEMITIES (Strength, reaspe of micro)  38. SPINC, OTHER MUSCULORNELETAL  39. IDENTIFING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  41. FELVIC (Penades only) (Check how done)  42. PSYCHIATRIC (Specify as a presendate deriation)  43. FELVIC (Penades only) (Check how done)  44. DENTAL (Place appropriate symbols above or below number of upper acid lower teeth, respectively)  45. PSYCHIATRIC (Specify as a presendate deriation)  46. DENTAL (Place appropriate symbols above or below number of upper acid lower teeth, respectively)  47. PSYCHIATRIC (Specify as a presendate deriation)  48. DENTAL (Place appropriate symbols above or below number of upper acid lower teeth, respectively)  49. PSYCHIATRIC (Specify as a presendate deriation)  40. SUGAR  41. 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 E Continuo in item 73).  45. URINALYSIS: A. SPECIFIC GRAVITY  46. CHEST X.RAY (Place, date, film number and result)  47. SEROLOGY (Specify test used and result)  48. DENOMAN SIS.  49. BLOOD TYPE AND RH  50. OTHER YESTS  50. OT	27. OCULAR MOTILITY (Associated parallel more-	10 APR 10 1964
35. UPPER EXTREMITIES (Correspondent of Strength for Strength of Strength for Strength of Strength for Streng	28. LUNGS AND CHEST (Include breasts)	1
31. ANDOMEN AND VISCERA (Include Netrilis)  32. ANUS AND RECTUM (Ifernatives, Astalise)  33. ENDOCRINE SYSTEM  34. G-U SYSTEM  35. UPPER EXTREMITIES (Storage) rease of matical)  36. FEET  37. LOWER EXTREMITIES (Storage) rease of matical)  38. SHIR, OTHER MUSCULOSKELETAL  39. IDENTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIR, LYMPHATICS  41. NEUROLÓGIC (Septily any personality deviation)  42. PSYCHIATRIC (Specily any personality deviation)  43. FELVIC (Females only) (Check how done)  44. DENTAL (Place appropriate symbols above or below number of upper abd youer teeth, respectively)  -O-Restorable teeth  XXX-Replaced by dentures  R. Alsumin (G.X8)  -Fixed bridge, brackets to include abutiminis.  R. Y. Alsuming teeth  T. Normationable teeth  XXX-Replaced by dentures  R. Y. Alsuming teeth  T. Normationable teeth  XXX-Replaced by dentures  AS 31 30 29 28 27 26 25 24 23 22 21 20 29 18 17 F  LABORATORY FINDINGS  45. URINALYSIS: A. SPECIFIC GRAVITY  B. ALBUMIN  B. ALBUMIN  C. SUGAR  47. SEROLOGY (Specily test used and result)  48. EKG  49. BLOOD TYPE AND RH  SO, OTHER TESTS.  Southern Streen  ATT, SEROLOGY (Specily test used and result)  48. EKG  49. BLOOD TYPE AND RH  SO, OTHER TESTS.  Southern Streen  Southern Streen  ATT, SEROLOGY (Specily test used and result)  48. EKG  49. BLOOD TYPE AND RH  SO, OTHER TESTS.  Southern Streen  ATT, SEROLOGY (Specily test used and result)  48. EKG  49. BLOOD TYPE AND RH  SO, OTHER TESTS.  Southern Streen  ATT, SEROLOGY (Specily test used and result)  48. EKG  49. BLOOD TYPE AND RH  SO, OTHER TESTS.  Southern Streen  Southern Streen  ATT, SEROLOGY (Specily test used and result)  48. EKG  49. BLOOD TYPE AND RH  SO, OTHER TESTS.  Southern Streen  Southe		so of the sound
32. ANUS AND RECTUM (Frental, Struck)  33. ENDOGRINE SYSTEM  34. G-U SYSTEM  35. UPPER EXTREMITIES (Strength, range of )  36. FEET:  37. LOWER EXTREMITIES (Extragat, range of )  38. SPINE, OTHER MUSICURSERETAL  39. IDENTIFYING BODY MARKS, SCARS, TATTOOS X  40. SKIN, LYMPHATICS  41. NEUROLOGIC (Equilibrium tests under item 72)  42. PSYCHIATRIC (Specify any presendite drivation)  43. FELNIC (Frentes only) (Chack how done)  44. FELNIC (Frentes only) (Chack how done)  45. PELNIC (Frentes only) (Chack how done)  46. CHEST AND ADDITIONAL DENTAL DEN		+23 Listony
33. ENDOCRINE SYSTEM  34. G-U SYSTEM  35. UPERR EXTREMITIES (Strength, range of modian)  35. SPIRE, OTHER MUSCULOSKELETAL  37. LOWER EXTREMITIES (Strength, range of modian)  38. SPIRE, OTHER MUSCULOSKELETAL  39. IDENTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  41. NEUROLÓGIC (Equiliborium testa under item 7t)  42. PSYCHIATRIC (Spelly any premadity deniation)  43. FELVIC (Females only) (Check how dons)		De La Mistrila -
33. LOWER EXTREMITIES (Except feed) 33. LOWER EXTREMITIES (Except feed) 33. SPINE, OTHER MUSCULOSKELETAL 33. IDENTIFYING BODY MARKS, SCARS, TATTOOS 40. SKIN, LYMPHATIES 41. NEUROLOGIC (Equilibrium tests under liem 73) 42. PSYCHIATRIC (Specify and personality deviation) 43. FELVIC (Except feed) 44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		U. Serac II
35. UPPER EXTREMITIES (Execution)  36. FEET  37. LOWER EXTREMITIES (Execution)  38. SPINE, OTHER MUSCULOSKELETAL  39. DENTIFYING GOOY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  41. NEUROGGIC (Equilibrium tata under item 70)  42. PSYCHIATRIC (Specifyens personality deriation)  43. FELVIC (Pemales only) (Check how done)  44. DENTAL (Place appropriate symbols above or below number of upper and owner teath, respectively.)  45. PSICHIC (Place appropriate symbols above or below number of upper and owner teath, respectively.)  46. CRESTORISH (G.X.3) Fixed bridge, brackets to include abutinents.  R X XX—Replaced by dentures  R X 22 31 30 29 28 27 26 25 24 23 22 21 20 38 18 17 F  LABORATORY FINDINGS  45. URINALYSIS: A. SPECIFIC GRAVITY 1, B Q.3  46. CHEST XRAY (Place, date, film number and result)  8. ALBUMIN		e Dustolvay Conson
33. SPINE, OTHER MUSCULOSKELETAL  39. IDENTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  41. NEUROLOGIC (Equilibrium tests under item 7t)  42. PSYCHIATRIC (Specily and personality deviation)  43. PELYIC (Females only) (Cacek Acou done)  44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  45. O-Restorable teeth  27. Affishing teeth  28. Affishing teeth  29. DENTAL (Place appropriate symbols above or below number of upper and ower teeth, respectively.)  46. CHEST X.RAY (Place abulannis.)  REMARKS AND ADDITIONAL DENTAL  DEFECTS AND DISEASES  19. DENTAL (Place abulannis.)  REMARKS AND ADDITIONAL DENTAL  DEFECTS AND DISEASES  Lassed  45. URINALYSIS: A. SPECIFIC GRAVITY  B. ALBUMIN  C. SUGAR  46. CHEST X.RAY (Place, date, film number and result)  47. SEROLOGY (Spēcily test used and result)  48. EKG  49. BLOOD TYPE AND RH  FACTOR  FACTOR  FACTOR  FACTOR  FINANCES  FINAN		(1,00,0)
33. SPIRE OTHER MUSCULOSRELETAL  39. IDENTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  41. NEUROLOGIC (Resultbrium tests under item 72)  42. PSYCHIATRIC (Spielly any personality desistion)  43. PELVIC (Females only) (Check how done)  WAGINAL   RECTAL   Continue in item 73)  44. DENTAL (Place appropriate symbols above or below number of upper and ower teeth, respectively.)  O-Restorable teeth  XXX-Replaced by dentures  R  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 E  G 32 31 30 29 28 27 26 25 24 23 22 21 20 29 18 17 F  LABORATORY FINDINGS  45. URINALYSIS: A. SPECIFIC GRAVITY  B. ALBUMIN  C. SUGAR  49. BLOOD TYPE AND RH  PACTOR  ALBUMIN  41. SEROLOGY (Spēcify test used and result)  48. EKG  49. BLOOD TYPE AND RH  PACTOR  ALBUMIN  C. SUGAR  ALBUMIN  49. BLOOD TYPE AND RH  PACTOR  ALBUMIN  C. SUGAR  ALBUMIN	36. FEET	2
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  41. NEUROLOGIC (Equilibrium tests under item 72)  42. PSYCHIATRIC (Specily any personality derisation)  43. PELVIC (Females only) (Check how done)  WAGINAL   RECTAL  44. DENTAL (Place appropriate symbols above or below number of upper ald over teeth, respectively.)  Continue in item 73)  44. DENTAL (Place appropriate symbols above or below number of upper ald over teeth, respectively.)  FREMARKS AND ADDITIONAL DENTAL  DEFECTS AND DISEASES  SPECIFIC STAND DISEASES  FRENCH STAND DISEASES  FRENCH STAND DISEASES  LABORATORY FINDINGS  45. URINALYSIS: A. SPECIFIC GRAVITY  B. ALBUMIN  LABORATORY FINDINGS  46. CHEST X-RAY (Place, date, film number and result)  47. SEROLOGY (Specily test used and result)  48. EKG  49. BLOOD TYPE AND RH  FACTOR  FRACTOR  FRACTOR  LABORATORY FINDINGS  ALBUMIN  LABORATORY FINDI	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	2 / 1/2000
30. SKIN, LYMPHATICS   11. NEUROLOGIC (Equilibrium tests under item 76)   12. PSYCHIATRIC (Specifyans personality deriation)   142. PSYCHIATRIC (Specifyans personality deriation)   143. PELVIC (Females only) (Cheek how done)   VALUE   V		26 (CUV) 25 1
41. NEUROLOGIC (Equilibrium tests under item 72)  42. PSYCHIATRIC (Specify any personality deviation)  43. PELVIC (Females only) (Check how done)  VAGINAL RECTAL  44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respecticely.)  O-Restorable teeth  Norrestorable teeth  Norrestorable teeth  XXX-Replaced by dentures  R  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 E  H  32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 F  LABORATORY FINDINGS  45. CHEST X.RAY (Place, date, film number and result)  B. ALBUMIN  C. SUGAR  47. SEROLOGY (Spēcify test used and result)  48. EKG  49. BLOOD TYPE AND RH  SO. OTHER TESTS  DATE:  ALBUMIN So. OTHER TESTS  ALBUMIN So. OTHER TESTS  ALBUMIN So. OTHER TESTS  ALBUMIN So. OTHER TESTS  ALBUMIN So. OTHER TESTS  ALBUMIN SO. OTHER TESTS  ALBUMIN SO. OTHER TESTS  ALBU		50 June (Disi)
43. PELVIC (Females only) (Check how done)  143. PELVIC (Females only) (Check how done)  144. DENTAL (Place appropriate symbols abore or below number of upper and lower teeth, respectively.)  15. O-Restorable teeth  15. Nonrestorable teeth  15. VASINATE (Place appropriate symbols abore or below number of upper and lower teeth, respectively.)  15. O-Restorable teeth  15. VASINATE (Place appropriate symbols abore or below number of upper and lower teeth, respectively.)  16. O-Restorable teeth  17. Nonrestorable teeth  18. VAX—Replaced by dentures  18. VAX—Replaced by dentures  19. VASINATE (Place, date, film number and result)  19. O-Restorable teeth  19. VASINATE (Place, date, film number and result)  19. O-Restorable teeth  19. O-Restorable teeth  19. O-Restorable teeth  19. O-Restorable teeth  19. O-Restorable teeth  10. VASINATE (Place, date, film number and result)  10. MICROSCOPIC  10. O-Restorable teeth  10. O-Restorable te		merions of the print a below
41. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)  O—Restorable teeth  I—Nonrestorable teeth  X—Missing teeth  X—Missing teeth  X—Missing teeth  X—Xissing teeth  XXXX—Replaced by dentures  (6 X8)—Fixed bridge, brackets to include abuttments.  (6 X8)—Fixed bridge, brackets to include abuttments.  R  XXX—Replaced by dentures  R  XXX—Replaced by dentures  R  XXX—Replaced by dentures  R  XXX—Replaced by dentures  (6 X8)—Fixed bridge, brackets to include abuttments.  Classed		SCHAL STATE
A4. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  O—Restorable teeth  Nonrestorable		1 annimalian de la sala
O-Restorable teeth    X-Missing teeth   XXX-Replaced by dentures   (6 X 8) - Fixed bridge, brackets to include abutments.   Defects AND DISEASES		(Continue in item 73)
So-Reside teeth    X-Missing teeth   XXX-Replaced by dentures   (6 X8) - Fixed bridge, brackets to include abut ments.   Compared to the process of the proc	44. DENTAL (Place appropriate symbols above or below number of upper and	d Jower teeth, respecticely.)
R   1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16   E   Classed of the state of the	O-Restorable teeth  -Nonrestorable teeth   XXX-Revilaced by dentity	(6 X 8) — Fixed bridge brackets to
LABORATORY FINDINGS  45. URINALYSIS: A. SPECIFIC GRAVITY  B. ALBUMIN  C. SUGAR  47. SEROLOGY (Specify test used and result)  48. EKG  49. BLOOD TYPE AND RH  FACTOR  FACTOR  FACTOR  FACTOR  FROTTLOGY  Frottlogy  Laboratory Findings  46. CHEST X-RAY (Place, date, film number and result)  47. SEROLOGY (Specify test used and result)  48. EKG  49. BLOOD TYPE AND RH  FACTOR  FACTOR  FROTTLOGY  FROTT	RX. 1 A	a 6 "J. 109" a 1
LABORATORY FINDINGS  45. URINALYSIS: A. SPECIFIC GRAVITY  B. ALBUMIN  C. SUGAR  47. SEROLOGY (Specify test used and result)  48. EKG  49. BLOOD TYPE AND RH  FACTOR  FACTOR  FACTOR  FACTOR  FROTTLOOGY  Frottloogy  Lee report.	G	- Lyokelas Oscilla
45. URINALYSIS: A. SPECIFIC GRAVITY  B. ALBUMIN  C. SUGAR  47. SEROLOGY (Specify test used and result)  48. EKG  49. BLOOD TYPE AND RH FACTOR  FACTOR	H 34 31 30 227 28 27 26 25 24 3	
45. URINALYSIS: A. SPECIFIC GRAVITY  B. ALBUMIN  C. SUGAR  47. SEROLOGY (Specify test used and result)  48. EKG  49. BLOOD TYPE AND RH FACTOR  FACTOR		LARODATORY SIMPLINGS
B. ALBUMIN  C. SUGAR  D. MICROSCOPIC  D. MICROSCOPIC  JO763-64 Normal  48. EKG  49. BLOOD TYPE AND RH FACTOR  Barium Enema - See report  Proctology Alee report.	45. URINALYSIS: A. SPECIFIC GRAVITY 1. 6.0.3	The state of the s
C. SUGAR  A7. SEROLOGY (Spécify test used and result)  A8. EKG  A9. BLOOD TYPE AND RH FACTOR  Barium Enema - Sie report  Frontology Alee report.	7 H DWW	Λ
Neg. Will Proctology- Lee report.		20763-64 Normal.
- 35 Neg. WIL Proitology- Lee report.	47. SEROLOGY (Specify test used and result) 48. EKG 49. B	
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7 (m) 1 K10ch	35 Neg.   WNF 1/2	troitology~ Lee report.
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51. HEIGHT ([ 52.	WEIGHT	53. COLO	2	. 1	Bl. cold	ue		5. BUILD: Check		LENDER	41	40	<u></u>	Ma	_ 12	6. TEMPE	RATURE
57. BLOOD F	RESSURE (Arm at l	heart level	ŋ			58.		·			.,		heart leve				
SITTING SYS/30	B. SYS.		C. TANDING (3 min.)			A. SIT	TING YL	,. B.	AFTER I	XERCISE	C. 21	MIN. AF	TER	D. RECU	MBENT	3 MIN.	STANDING
59. DISTANT	DUNT	- 60				EFRACTI	ON T				61.	.75	m	NEAF	R VISION	<del></del>	<del> </del>
	ORR, TO 20/	B			s.			OX			24	78	CORR. 1			BY	
	CORR. TO 20/	BY	Y ,		S,	<del></del>		ОX			24	18	CORR, 1	ro		BY	-
62. HETEROPHORIA (Specifi	distance)		>-			,			- ;		<del></del> ,		,				
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63. ACCOMMO	DATION	64	4. coro	R VISIO	N (Test	used and	result)	( ; <b>U</b> / ; · ·	<u> </u>		EPTH PE Test use			U	NCORREC	TED	
RIGHT	LEFT		/	<u>HOC</u>		1940		117	<u> </u>	٠	•	-	<del>.</del>	<del></del> -	ORRECTE		
66. FIELD OF VISION		67	7. NIGHT	r vision	i (Test u	ised and	score)			68, R	ED LENS	TEST		69	. INTRAC	CULAR TĘ	NSION
70. HEARING	G.	71	1.			A	UDIOMET	TER					SYCHOLO Tests use		ND PSYCH	OMOTOR	· · · · · · · · · · · · · · · · · · ·
RIGHT WV /5-/15	sv /5	/15		250 256	500 51#	1000	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	)	4 C 41 4 L 4 C	o uno o	core,		
LEFT WV /5 /15	sv 1.9	/15 }	LEFT														
73. NOTES (Continued) ANI	SIGNIFICANT OR IN	NTERVAL I	HISTORY	,	<del>'</del>	<del></del>						<del>1</del>			-		
74. SUMMARY OF DEFECTS  74. SUMMARY OF DEFECTS  1 32 D7  Re  15. RESOURENDATIONS  77. EXAMINEE (Check)  AX IS QUALIFIED FOR  B   IS NOT QUALIF	and diagnoses of L', R/ol C wised line line united line vised line vised line vised vise	**************************************	(a)	rh ll	i Le (Vie	L 1907 addition	), :	de total		U W	the significant	e to the total of	Jo V	To de la grande	In an an an an an an an an an an an an an	OF STATE OF	vilog vilog min b6 b7c
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79. TYPED OR PRINTED NA	ME OF PHYSICIAN	<del></del>		-	<del>:</del>	<u></u>		SIG	NATURE	7			`	<u> </u>	سلسند		<i>J</i>
80. TYPED OR PRINTED NA	ME OF PHYSICIAN	<del>- 4 - 1 - 1 - 1</del>			-	<del>(* 1144) (* 124) (* 1</del>		SIG	NATURE	P	P()	mo	Ji			1	-
81. TYPED OR PRINTED NA	ME OF DENTIST OR F	PHYSICIAN	(Indica	ate whic	:λ)·	<u></u>	<u>-</u>	SIG	NATURE			-		-	_		ш.
82 TYPED OR PRINTED NA	ME OF REVIEWING O	FFICER OF	R APPRO	VING AL	THORIT	Y		SIG	NATURE			- %		ß	EL .	NUMBER (	OF AT-
		1	)	— <u>-</u>	- 1		-				Ô	v.s.go	VERNMENT	PRINTING		61-0,6127	730 / 31-B

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(f. t)AST		-	James ]		-					COMPON	ENT OR POSIT		_		ENTIFIC	iok io.	
THOU	E ADDRE	ss (Nur	nber, street or RFD,	city or	tow	n, zone and State)		5. SURPOSE OF EXAMINATION						(6.)	ATE OF EX	MOITANIMA	
V							·A	nnu	al					3-2	-64		
7. SEX		(8.)	MCE	9	, TO	TAL YEARS GOVERNMENT SERVICE		10. A	SENCY		11. ORGANI	ZATI	ON	UNIT		······································	
	ī		TY.		IILII	TARY CIVILIAN											
12. DATE	OF BIR	TH	(13.) PLACE OF BI	RTH		-	-	14. N/	ME, REL	ATIONSH	IP, AND ADDR	ESS	OF.	NEXT OF K	N		
5-6-	-17		Gowe	r,	M:	issouri						π.					
15. EXAM	lining f	ACILITY	OR EXAMINER, AND A	DDRES	S			16. 0	THER INF	ORMATIC	N					* <u>* * * * * * * * * * * * * * * * * * </u>	
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RÈLA		AGE	STATE OF HEA	LTH	_	IF DEAD, CAUSE OF DEATH		AGE:AT	YES	NO NO	(Check	eac	h i	tem)	RE	LATION(S)	<del></del>
FATHER	-	75	Good				ᅥ	DEATH		70	HAD TUBER						
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SPOUSE	-	43	Good						x		HAD DIABET	ES			Gra	ndfat	her
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BROTHE	RS									x	HAD KIDNE	Y TR	OUE	BLE			
AND		_								х	HAD HEART	TRO	UBI	E			
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	* *				7				x		HAD RHEUM				Mot	her	
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··· X		MATIC FE	VFP	╂	<del>-</del>	SOAKING SWEATS	X	X RUPT	*	me.		-	K	FOOT TR		- 10 to 10 t	<del>, .</del> .
X X	ļ		AINFUL JOINTS	<del>  </del>	X	(Night sweats) ASTHMA		<del></del>	OR REC			-	1		is (Inc. i	nfantile)	<u> </u>
X	MUME				$\frac{2}{2}$	SHORTNESS OF BREATH *	X				URINATION	-	K		Y OR FITS		
x	WHOO	PING COL	JGH	75		PAIN OR PRESSURE IN CHEST	7:				OD IN URINE	1	2	1 7 7 7 3		OR AIR SICKNE	SS
	FREQU	ENT OR	SEVERE HEADACHE			CHRONIC COUGH	-		R OR ALE		<del></del>	-	3		TROUB!	LE SLEEPING	
			FAINTING SPELLS	== [		PALPITATION OR POUNDING HEART	-	X BOIL			<del></del>	-	2		OR TERRIF	YING NIGHTMAR	ES
菜	EYE T	ROUBLE	<del></del>	5	_	HIGH OR LOW BLOOD PRESSURE	5	X VENE	REAL DIS	EASE.			, z	DEPRESS	ION OR E	CESSIVE, WOR	RY
X	EAR,	OSE OR	THROAT TROUBLE		-	CRÀMPS IN YOUR LEGS.	5	X RECE	NT GAIN	OR LOSS	OF WEIGHT	:	Z	LOSS OF	MEMORY	OR AMNÉSIA	
×	RUNN	ING EARS		1,	×	FREQUENT INDIGESTION		3 ARTH	RITIS OR	RHEUM	ATISM	1	3	BED WE	TING		
X	CHRO	NIC OR F	REQUENT COLDS	1-6	K	STOMACH, LIVER OR INTESTINAL TROUBLE		X BONE	JOINT,	R OTHE	R DEFORMITY	T	2	NERVOU	S TROUBL	E OF ANY SOR	1
$\Box x$	SEVE	E TOOT	OR GUM TROUBLE	5	K	GALL BLADDER TROUBLE OR GALL STONES		X LAME	NESS				2	ANY DR	JG OR NAF	COTIC HABIT	
X	SINUS	ITIS		2	K	JAUNDICE , The state of the sta		X ross	OF ARM,	LEG. FIN	GER, OR TOE		2	EXCESSI	VE DRINKI	NG HABIT	
X	HAY F	EVER		2	ĸ	ANY REACTION TO SERUM, DRUG OR MEDICINE		X PAINE	UL OR"TRI	CK"SHOU	LDER OR ELBOW	Ĺ		HOMOSE	XUAL TEN	DENCIES	
(21. )AVE	YOU E	VER (CI	neck each item)				22	. FEMALES	ONLY: A.	HAVE YO	U EVER—	В,	001	MPLETE TH	E FOLLOW	ING:	
x	, WORN	GLASSE	S	>	2	ATTEMPTED SUICIDE		BEEN	PREGNA	NT				AGE AT	ONSET OF	MENSTRUATIO	N
<u> </u>	WORN	AN ARY	IFICIAL EYE	2	2	BEEN A SLEEP WALKER		HAD	A VAGINA	L DISCH	ARGE			INTERVA	L BETWEE	N PERIODS	
X WORN HEARING AIDS X LIVED WITH ANYONE WHO HAD BEEN TREATED FOR A FEMALE DISORDER					-	ON OF PER		- 									
X			R STAMMERED	• <del> </del>	2	COUGHED UP BLOOD	_	-	PAINFUL	<del></del>		_			LAST PER		يبيب
<u>    X</u>			E CR BACK SUPPORT		_	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	Ļ	<del>, , ,</del>			TRUATION	QL	<u>. :</u>			XCESSIVE SC	NTY
		OBS HAV	E YOU HAD IN THE	-	HEL	NT IS THE LONGEST PERIOD YOU D ANY OF THESE JOBS?	25	5. WHAT IS	YOUR USI	JAL OCCU	JYATION?		12	6. ARE YOU	-	oue)	

		/ <b>%.* **</b> +3,		
YES	NO	CHECK EACH ITEM YES OR NO. EV	VERY ITÉN	A CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TỐ HOLD A JOB BECAUSE OF:		
	X	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	1.	, *
	X	B. INABILITY TO PERFORM CERTAIN MOTIONS	ĺ	
	X	C. INABILITY TO ASSUME CERTAIN POSITIONS		
	X	D. OTHER MEDICAL REASONS (If yes, give reasons)		
	:	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB-	ĺ	
*	x	STANCE?	ĺ	
<del></del>		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES	ĺ	
	X	OR TEACHERS! (If yes, give details)	ĺ	<b>~</b> *
	×	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)		•
	x	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)		
x		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give age at which occurred)	32.	Appendectomy (1920) age 3; Tonsillectomy, age 18; Hemorrhoidectomy, age 20; Ruptured disc, age 43
		33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM? (If yes, specify when, where, why, and	ξ	disc, age 43
	X	name of doctor, and complete address of hospital or clinic)		
<del></del>		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER	34.	Broken leg.age 25: broken collarbone and
x		THAN THOSE ALREADY NOTED (If yes, specify when, where, and give details)		Broken leg age 2½; broken collarbone and ribs, age 22
			35.	U.S. Naval Hospital Retherda Md -mintured
x		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS.  PHYSICIANS. HEALERS, OR OTHER PRACTITIONERS		U.S.Naval Hospital Bethesda, Mdruptured disc 1960; Family Doctor-Herbert Martyn, Jr 4740 Chevy Chase Dr., Chevy Chase, Md., minor colds
45		WITHIN THE PAST 5 YEARS? (If yes, give com- plete address of doctor, hospital, clinic,	l	4740 Chevy Chase Dr., Chevy Chase, Md.,
	<b> </b>	and details)	l	minor-colds
	x	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)		4
	x	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL OR OTHER REASONS! (If yes, give date and reason for rejection)		•
<del></del>		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY		
	1	SERVICE BECAUSE OF PHYSICAL MENTAL OR OTHER	`	
	X	REASONS? (If yes, give date, reason, and type of discharge: whether honorable,	l	· • • • • • • • • • • • • • • • • • • •
*	İ	other than honorable, for unfitness or un- suitability)	l	
	<del> </del>	39, HAVE YOU EVER RECEIVED. IS THERE PENDING, HAVE	l	
	x	YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY! (If yes, specify what kind, granted by		
		whom, and what amount; when, why)	<u> </u>	
I C	ERTIFY T	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLET OF THE DOCTORS. HOSPITALS, OR CLINICS MENTIONE	LIED BY I	ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
OF PRO	CESSING	MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.		
TYPED		es F. Bland		SIGNATURE ACCURATE TO THE SIGNATURE
		<u>-</u>		James 1. I Sland
40. PHY	(SICIAN S	SUMMARY AND ELABORATION OF ALL PERTINENT DATA (F	'hysician s	shall comment on gli positive answers in items 20 thru 39)
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* 111 <u>50</u> ,	PKIN	TED NAME OF PHYSICIAN OR EXAMINER	2.	1964 SIGNA
<u> </u>	·—	i+ INC DISNR		
• • -	2	•		US GRIMENT GRINTING OFFICE 1995 O -527455
				<i>e.</i>

Standard Form 513 Rev. August 1954 Bureau of the Budget Circular A-32 **CLINICAL RECORD** CONSULTATION SHEET REQUEST FROM: (Requesting ward, unit, or activity)
STAFF CLINIC 739 DATE OF REQUEST PROVISIONAL DIAGNOSIS PLACE OF CONSULTATION MERGENCY BEDSIDE ON CALL ROUTINE Malcolm L. Petway, Lir. MC) USNR CONSULTATION REPORT 3-13-64 1200 @ all 1963 ORGANIZATION IDENTIFICATION NO. kes w For typed or written entries give: Name—last, first, niddle, grade; date; hospital or medical facility) REGISTER NO. CONSULTATION SHEET Standard Form 513

Tues. 17. 64
PATIENT'S LAST NAME-FIRST CAME REGISTER NO. WARD NO.
AGE SEX (Check one)
HOM SEDSIDE, WHEELCHAIR, SED AMBULATORY
FBI S.A. W EXAMINATION REQUESTED Contrast
(Above space for mechanical imprinting, if used)  DATE OF REQUEST  3-34-59  PERTINENT CLINICAL METORY, OPERATIONS, PHYSICAL FINDINGS, AN
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AN
Small polypremoved from the time Desire
eval of rests of colon.
FILM NO. 20763-64 DATE OF REPORT 17 Mar 64
BARTUM ENEMA: A double contrast air barium enema was administered using fluoroscopic control. Multiple diverticula of the sigmoid and descending colon are noted. No definite persistent filling defects in the lumen of the colon are noted. There is difficult to exclude polyps in the region of the sigmoid due to the multiple stomata of the diverticula seen on end in this area. However, it is felt that no definite polyps are visualized on this study.
IMP: Multiple diverticulosis of the sigmoid and descending colon. No definite polyps visualized.
Department of Padiatan G. COpper
U. S. italyal Hossifahard Form 519A 1654 1954)
Wational Naval Medical Center Post Andrew Report Re
(NAME OF HOSPITAL OR OTHER MEDICAL PACILITY)  Bethesda 14, Maryland  Bethesda 14, Maryland

ENCLOSURE 67-200486-220

### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee	BLAND,	TAMES	FIELD	
(Type or print)	Last	First	Middle	<del></del>
The following portions of	of the attached examinat	ion report form need n	ot be completed:	
2	14		68	
3	17	-	69	
4	62		72	
9	65		76	
11	. 67			
46. Is necessary unless	s facilities for affording	same are not readily	available.	
48. Not required unless desirable.	s examinee is over 35 ye	ears of age or examina	tion indicates suc	h is
49. Is necessary unles	s facilities for affording	same are not readily	available.	•
applicants and Spe accepted if the hea	ations should be afforde cial Agents. Applicants tring loss exceeds a 15 age (500, 1000, 2000 cyc	s for the Special Agen decibel average in eac	t position will not	be ہیے
For All Examinees, Wh	ether Clerical or Special	Agent Applicants or	Employees:	
				9-3 <b>6</b>
The medical examiner shoul	d answer the following quest	ion:		and.
F	- Tie was enseitered to	an atranuaua nhuaisal	overtion	C.n.S
Exdiminee LAT	s is not qualified for	of strendous physicar	exercion.	
,				
To be Answered in the	Case of All Male Emplo	yees and Male Applic	ants:	
tactics and dangero	e any defects restricting us assignments which m	ight entail the practic		
No 🗆 Yes	If "yes" please speci	fy defects		
/. •				<del></del>
2. Does examinee have	e any defects prohibiting	g safe operation of mo	tor vehicles?	
No □ Yes	If "yes" please speci	ify defects.	<u> </u>	
		-		
3 For safe driving of	motor vehicles, Civil Se	ervice Commission rea	wires distant visio	on must
test at least 20:/40 examinee wear corr	in one eye and 20/100 i ective glasses while op s based on a factor other	n the other, corrected erating a motor vehicl	or uncorrected. S e? □Yes □X	Should
	ENCLOS	SURE		
	, M	-200826-	220	

### Desirable Weight Ranges for Males

	e e e e e e e e e e e e e e e e e e e								
Height	Small Frame	Medium Frame	Large Framé						
5′ 4″	117 - 125	123 - 135	131 148						
5' 5"	120 - 129	.126 - 139	134 - 152						
5' 6"	124' = 133	130 - 143	138 - 157						
5' 7"	128 - 137	134 - 148	143 - 162						
5′8″	132 - 141	138 - 152	147 - 166						
5′ 9″	136 - 146	142 - 156	151 - 170						
5' 10",	140 - 150	146 - 161	155 - 175 '.						
5′ 11″	144 - 154	150 - 166	160 - 180						
6′	148 - 158	154 - 171	164 - 185						
6' 1"	152 - 163	158 - 176	169 - 190 👺 😅						
6′ 2″	156 - 167	163 - 181	174 - 195						
6' 3"	160 - 171	168 - 186	174 - 195						
6' 4"	169 - 180	178 - 196	188 - 210;						
6′ 5″	174 - 185	182 - 202	192 - 216						

	1
4. Examinee's frame is small medium large	
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient	
6. Under proper medical supervision, examinee should lose pounds b6 b7c	*
Remarks: It is recommended that Mr. Bland return	, j
in 6 Mos. for repeat signividoscopy o then annual	y
thereofter. MD	U
Orallfield (Sign) (Sign) William (Si	
3-76-64 (Date)	-

FORM 3-542 6-17-63) APPROVED COMP. GEN. U.S. 4-5-63 IN LIEU OF SF 1126

# FEDERAL BUREAU OF INVESTIGATION

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	892 - 0	QUALITY INCREASE		896 - ADMIN. PAY	INCREASE		
1	893 - 1	WITHIN GRADE INCREASE		897 - ADMIN. PAY	DECREASE		
	894 - 1	PAY ADJUSTMENT		OTHER (SPECIFY IN	REMARKS)	lade ad	1.1
RADE OR	LEVEL	STEP OR RATE	OLD SALA	RY	·	NEW SALARY	A CONTRACTOR OF THE CONTRACTOR
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	EMPLO	YEE'S PERFORMANCE	RATING IS	SATISFACTORY OR	RETTER.		
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## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee:	JA	MES F. BLA	ND	
Where Assigned:	Domestic Int	elligence	Subversive Contr	ol
	(Divisio	n)	(Section, U	nit)
Official Position T	itle:	Section	Chief - GS-16	
Rating Period: from	April 1,	1963	to March 31.	1964
				,
ADJECTIVE RATING	G:	DUTSTANDING		Employee's Initials
	Outst	anding, Excellent,	Satisfactory, Unsatisfactory	
	· · · · · · · · · · · · · · · · · · ·	$\overline{}$		
Rated by:			Inspector Title	4/8/64 Date
Reviewed by:	viona ( ) 1819	Diren	Assistant Direc	
<b>\( \)</b>	Signa	nture	Assistant to	Date
Rating Approved by: _	Jan 1	hr	the Director	4/8/64
	Signa	ature	Title	Date
			T67-21048	10-2001
		TYPE OF R	Searched Num	24 1964 50
	(X) Official	REC-137	( ) Administrative	
•	(X) Annua	al accordi	( ) 60-Day	Ψ <sub>exp</sub> Ψ <del>y</del>
			( ) 90-Day ( ) Transfer	•
/h			( ) Separation from	om Service
42 C C C C C C C C C C C C C C C C C C C			( ) Special 2	W
APR 271064			<i></i>	I

#### NARRATIVE COMMENTS

Note: The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

1 × 10 = 686601

(For use as attachment to Performance Rating Form No. FD-185)

Name of EmployeeJAMES_E_BLAND	Title -Section-Chief
	Rating Period: from 4/1/63 to 3/31/64
···	AND CHECK-LIST
Note: Only those items having pertinent bearing on employee's performance Rate items as follows:	ance should be rated. All employees in same salary grade should be compared.
Outstanding (exceeding excellent and deserving of special commendation).	ation).
Satisfactory (good or very good).	•
Unsatisfactory. No opportunity to appraise performance during rating period.	
uide for determining adjective rating:	4
"Outstanding" adjective rating requires (A) that all rated elements be "+"	and (B) that each and every rated element be factually justified by narrative detail on
mechanical formulas; however, for an employee to be rated "Excellent" he	upon the composite result of evaluating all rated elements rather than following any must not be rated unsatisfactory on any performance evaluation factors on the rating he majority of such rating factors. Good judgment must be exercised to insure that nments. requirements described on the reverse of form FD-185.
4 (1) D1	1 (40) 74 114
(1) Personal appearance.     (2) Personality and effectiveness of his personal contacts.	(17) Firearms ability, (18) Development of informants and sources of information.
(3) Attitude (including dependability, cooperativeness, loyalty,	(19) Reporting ability:
enthusiasm, amenability and willingness to equitably share work load).	(a) Investigative reports
(4) Physical fitness (including health, energy, stamina).	ナ (b) Summary reports ナ (c) Memos, letters, wires
£ (5) Resourcefulness and ingenuity.	(Consider: + conciseness; + clarity; + organization;
<ul> <li>         ← (6) Forcefulness and aggressiveness as required.     </li> <li>         ← (7) Judgment, including common sense, ability to arrive at proper     </li> </ul>	thoroughness; taccuracy; Q adequacy and perti-
conclusions, ability to define objectives.	nency of leads; Q administrative detail.) Q (20) Performance as a witness.
(8) Initiative and the taking of appropriate action on own responsibility.	(21) Executive ability:
fesponsionity.  £ (9) Planning ability and its application to the work.	(a) Leadership
(10) Accuracy and attention to pertinent detail.	(c) Planning
(11) Industry, including energetic, consistent application to duties.	(c) Planning (d) Making decisions
(12) Productivity, including amount of acceptable work produced	← (e) Assignment of work      ← (f) Training subordinates
and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is	(g) Devising procedures
attributable to causes beyond employee's control.	(i) Promoting high morale
(13) Knowledge of duties, instructions, rules and regulations, in- cluding readiness of comprehension and "know how" of	(j) Getting results
application.	(22) Ability on raids and dangerous assignments:  (a) As leader
(14) Technical or mechanical skills. (15) Investigative ability and results:	(b) As participant
(15) Investigative ability and results:  (a) Internal security cases	(23) Organizational interest, such as making of suggestions for
(b) Criminal or general investigative cases	improvement
(c) Fugitive cases	+ (25) Miscellaneous. Specify and rate:
(c) Physical surveillance ability.	+ Additional responsibility
	h as security, criminal, applicant squad, or as Resident Agent, supervisor, instruc-
tor, etc.):Section Chief	-
Specify employee's most noteworthy special talents (such as investigator,	, desk man, research, instructor, speaker): Administrator
(1) Is employee available for general assignment wherever needs of servi (2) Is employee available for special assignment wherever needs of servi	vice requirges—(If answer is not "yes," explain in narrative comments.) ice requirges—(If answer is not "yes," explain in narrative comments.)
<ol> <li>Has employee had an abnormal sick leave record during rating period for illness) during rating period than the amount of sick leave earne narrative comments.)</li> </ol>	d?2. Has employee used more sick leave (including annual leave or LWOP ed during such period?(If answer to either question is "Yes," explain in
Is employee qualified to operate a motor vehicle incidental to his official If answer is "yes," personnel file must reflect the following: (a) physically fit to drive. (c) Past safe driving record OK or has passe	has valid State or local operator's license for type vehicle he is to use, (b) is
ADJECTIVE RATING: OUTSTANDING Outstanding, Excellent, Satisfactory, U	Unsatisfactory EMPLOYEE'S INITIALS

#### JAMES F. BLAND

Ir. Bland has continued throughout the rating period as Section Chief of the Subversive Control Section of this Division. This Section has the responsibility for the over-all supervision and investigation of individuals alleged to be subversive and for the supervision of certain emergency programs which grow out of the investigation of individuals. It is, of course, necessary that the work of this Section be in a current status at all times in order that the programs under supervision could be made effective with a minimum of notice in the event of an emergency.

lir. Bland has an outstanding personality and he is unusually effective in his relationships with others. His personal appearance is very fine. He dresses in exceedingly good taste and makes an outstanding impression. He brings to his work the finest possible attitude. Mr. Bland is most cooperative, dependable, and loyal. He is always willing to share work loads and responsibilities and has the personal characteristics that make for effective performance under all circumstances. He is in fine physical health and has an abundance of energy and vigor. He is outstanding in characteristics of resourcefulness, ingenuity, aggressiveness, and forcefulness. He has extensive experience in his field and brings to his assignment superior judgement and common sense, always arriving at logical conclusions. He displays tremendous initiative and is always willing to accept responsibility and take action as may be necessary or desirable.

The work of Mr. Bland's Section, as well as his own work as a Section Chief is most carefully planned and coordinated into the overwall work of this Division. He gives proper attention to detail and his work is accurate in every way. He is energetic and industrious and applies himself fully to his duties. Mr. Bland is vitally interested in the work and responsibilities of his Section and this is demonstrated in his complete application to his work. His production as a Section Chief is all that could be asked and his enthusiasm is passed on to the personnel under his supervision. He is thus able to inspire subordinate employees to maximum productivity and keeping the work of the Section in a current status. He has complete knowledge of his duties, the rules and regulations which relate to the work which is charged to his Section and

the know-how to apply existing instructions to problems which may arise. He has all the technical and mechanical skills which might be required as a part of his responsibilities. Mr. Bland has had extensive field investigative experience and his superior knowledge and understanding of investigative problems are reflected in the manner in which he supervises the investigative work charged to the Subversive Control Section.

Mr. Bland has an outstanding ability to relate the work under his supervision to the over-all responsibilities of the Bureau. While he has not had occasion during recent years to participate in physical surveillances, to be involved in the development of informants or sources of information, or to appear as a witness, his personality, intelligence, and abilities are such as to clearly demonstrate that he could perform in an outstanding fashion were he to receive such assignments. He is entirely competent in the handling of Bureau firearms and could participate without question in any type of dangerous assignment.

In the submission of necessary reports, memoranda, letters, et cetera, Mr. Bland has demonstrated very clearly superior ability. This ability is also reflected in the work submitted by others in his Section as he has the faculty for inspiring the preparation of superior material by subordinates. Mr. Bland has clearly demonstrated having outstanding executive ability in every way. He has indicated superior ability in the supervision of personnel, in the planning of work of his Section, in the assignment of work, in the training of subordinates, and in other facets of over-all supervisory responsibility. This has also reflected in the unusually effective manner in which he has relieved on the desk of the Number One Man of this Division which he has done on several occasions during the rating period.

Mr. Bland is without question completely loyal to the Bureau and to the work and responsibilities which have been charged to this organization. He has a broad and wholesome organizational interest in all aspects of the work of the Bureau. He is able to work under all kinds of pressure and is completely available for assignments under all circumstances. He has clearly demonstrated having outstanding potential for the assumption of additional administrative responsibilities and is being rated Outstanding at this time.

PARTOI - SPECIFIC COMMENTS	, ,
1. JUSTIFICATION FOR ANY MINUS RATINGS GIVEN:	+
Not applicable	
2. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:	<del>-</del>
Mr. Bland is a qualified Inspector's Aide, but has not served in this capacity during the rating period.	
3. PARTICIPATION IN INFORMANT PROGRAMS:	
Not applicable	
4. TESTIFYING EXPERIENCE AND ABILITY:	
Although he has not had occasion to testify during this rating period, Mr. Bland's make-up indicates that he would be a most effective witness.	
5. DISCIPLINARY ACTION:	
None	
6. ACCOUNTING INFORMATION:	
Not applicable	
7. POLICE INSTRUCTION:	
Not applicable	
8. SOUND TRAINING:	-

9. RESIDENT AGENTS

Not applicable

Not applicable

initials:	
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10.	FOREI	GN LA	NGUAC	E AB	ILITY	Y: N	ONE					<del>``</del> ,			
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<b>d)</b>	Consi Ex	lder o	quali ent	ficat	ions	. Ve	ry (	ood stan	din	g	XX	<b></b> •			
e)	Àgent	t has	pote	ntial (con	for ment	fut	ure	adm red)	ini	str	ative		- Yes		No

Initials:

April 24, 1034

Transmitted to

ir. James 17. Dinad Federal Circus of Investigation Feddiction, D. G.

Dear L's. Diende

It is a pleasing to review you that the emorphismal manner in thick you discharged your responsibilities for this period Armil 1, 1000, to Linch D1, 1000, has carried you an Outstanding performing rating. A copy of this rating, thick has been received by the lifticious francis Committee of the Department, is enclosed and may be retained.

Complete the first process of the control of the co

MAILED RO APR 2 4 1964 COMM-ERI

Licicata

J. Edgar Hooven

1 - Lr. Cullivan (FINICIAL ANNIFOLICI) Enclosures (2)

You chould personally present this aread but should this not be pessible or should presentation be unreasonably delayed by your absence official acting for you should present it.

(Sent Direct)

| Cont Direct)

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Standard Form 88 (Rev. June 1956) (Revau of the Budget REPORT OF MEDI	ICAL EXAMINATION
1. LAST NAME—FIRST MARE—MIDDLE NAME.	2. GRADE AND COMPONENT OR POSITION 3. HOENTIFICATION NO.
A HOME ADDRESS (Number steed of BED after a tour and Stell)	E DIDDOCE OF FVANINATION
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION 6. DATE OF EXAMINATION
y**	ANNUAL 2-16-65
7. SEX 8. RACE 9. TOTAL YEARS GOVERNMENT SERVICE	
MILITARY CIVILIAN	11 12 1 V'
12. DATE OF BIRTH 13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
5-6-17 MISSDURI	-
15. EXAMINING FACILITY OF EXAMINER, AND ADDRESS	16. OTHER INFORMATION
- NNMC	
17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Tal) LAST SIX MONTHS
	,
CLINICAL EVALUATION NOTES. (Descri	ibe every abnormality in detail. Enter pertinent item number before each ent. Continue in item 73 and use additional sheets if necessary.)
MAL umn; enter "NE" if not evaluated.) MAL	
18. HEAD, FACE, NECK, AND SCALP	•
19. NOSE 1 20, SINUSES	
	,
22. EARS—GENERAL (Int. & est. canals) (Auditory V Bela L	. Claumen upgactions
23. DRUMS (Perforation)	
24. EYES—GENERAL (Visual acuity and refraction winder stems 69, 60 and 67)	
25. OPHTHALMOSCOPIC	•
26. PUPILS (Equality and reaction)	•
27: OCULAR MOTILITY (Associated parallel more-	٠
28 EUNGS AND CHEST (Include breasts)	
29 HEART (Thrust, size, rhythm, sounds)	
30. VASCULAR SYSTEM (Varicosities, etc.)	
31. ABDOMEN AND VISCERA (Include hernia)  32. ANUS AND RECTUM (Hemorrhoids, fishidae) (Prostate, if indicated)	te 1+ enlarged.
33; ENDOCRINE SYSTEM	$\mathcal{O}$
JA: G-U SYSTEM	
35. UPPER EXTREMITIES (Strength, range of motion)	-
2 36. FEET	
33. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
38 SPINE, OTHER MUSCULOSKELETAL	REC-143
39 IDENTIFYING BODY MARKS, SCARS, TATTOOS	167-20048/- 224
40- SKIN, LYMPHATICS	
41 NEUROLOGIC (Equilibrium tests under item 72)  42. PSYCHIATRIC (Specify any personality deviation)	Searched Numbered 42
41 NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCHIATRIC (Specify any personality deviation) 43. PELVIC (Females only) (Check how done)	1 MAR 12 1965 - 1/m
UVAGINAL DRECTAL	(Continue in item 73)
44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth	h. Tespecticely.) REMARKS AND ADDITIONAL DENTAL
O-Restorable teeth XXX-Replaced by dentures	(6 X 8)—Fixed bridge, brackets to
R X A I	include abut ments
1 1 2 3 4 5 6 7 8 9 10 11	12 13 14 15 16 E (Cass
H 32 31 30 29 28 27 26 25 24 23 22	21 20 19 18 17 F Carees as Mall
AF HOUSE A COPPLIED OF LATE	ORY FINDINGS
45. URINALYSIS: A. SPECIFIC GRAVITY 0 0 6  B. ALBUMIN D. MICROSCOPIC	46. CHEST X-RAY (Place, date, film number and result)
C. SUGAR NEG	6082-65 Die resort
47: SEROLOGY (Specify test used and result) 48. EKG 49. BLOOD TYPE	
FACTOR	
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6. FIELD OF		<del></del>					used and				68. RE	D LENS	TEST		69. INTR	RACCULAR TENS	ION
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3. NOTES (	Continued) AND SIG	NIFICANT OF	R INTERV	1	RY	ــــــــــــــــــــــــــــــــــــــ	·	<u> </u>		·				· · · · · · · · · · · · · · · · · · ·			
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74. SUMMA	RY OF DEFECTS AN	DIAGNOSES	(Lut di	agnoses t	vun uem	numoer	<b>*</b> )										
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		uen anea	let rec	MIN14.V.	e Invice	TED /9-	recifu'i			· · · · · · · · · · · · · · · · · · ·			76.	A.	PHYSICAL	PROFILE	
75. RECOMI	MENDATIONS—FURT	HER SPECIAL	LIŞT EXA	MINATION	o indica	ieu (op	er (181)						P .	101	L	H É	S
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77. EXAMIN	•	معل	, 7 L	5.31	ひ ! 1	o6 o7C								B. F	HYSICAL (	CATEGORY	- b7C
A LUTS OF	UALIFIED FOR ] IS NOT QUALIFIED				1	J 1 C							1				
<u> </u>						<u>-</u>		<del></del>					<del>                                     </del>	<del></del>	В	c	E
78. IF NOT	QUALIFIED, LIST DI	SQUALIFYING	3 DEFECT	S BY ITE	M NUMBI	.K							<del>                                     </del>		<del> </del> :		- 4
									SI	IGNAT		~	<del></del>			<del>/</del>	<del></del>
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81. TYPED	OR PRINTED NAME	OF DENTIST	OR PHYSI	ICIAN (In	uiçate Wh	icn)			] 31	JAI UKE	·,					•	
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8Z., TYPED	OR PRINTED NAME	OF REVIEWIN	G OFFICE	K UK APP	KOVING .	NO I NOK		Ì		*	-					TACHED SH	eersi 🚜 🎕
4			-~	<u> </u>		<del></del>	٠,	<u>-</u>	<u>.                                      </u>	7		Y -	∲ U.S	GOVERNMEN	PRINTÍNÃ	OFFICE : 1960 OF	-344365-335
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(Rev Bureau	. Aug.	BUDGET	•	Ì.		REPORT OF MED	IC		A I	L HI	sT <b>(</b>	<b>)</b> /	(ANIZES 0500)				103
(1. L)ST			ME-MIDDLE NAME		-	N IS FOR OFFICIAL USE ONLY AND WI	LL I	Ŷ	1		DE AND	COMPON	ENT OR POSIT			3. 10	DENTIFICATION NO.
			, James			<del></del>						Α.					
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)								5. URPOSE OF EXAMINATION						6. D.	6. DATE OF EXAMINATION		
											Anr	ıua1					2/16/65
(7.)SEX			<del></del>	T	9. T	OTAL YEARS GOVERNMENT SERVICE	_	_	1	10, AC	ENCY		11. ORGANIZ	ATP	ON U	TIN	
$\sim$ M			W	ı	MILI	TARY CIVILIAN		_	٦								
12. DATE	OF BIR	TH	13. PLACE OF BIR	TH		· · · · · · · · · · · · · · · · · · ·		-	7	14. N/	ME, REL	ATIONSH	IP. AND ADDRE	SS	OF N	EXT OF K	IN
5	-6-	17	Gowe	r,	. 1	Missouri			١								
15. EXAM	IINING F	ACILITY O	R EXAMINER, AND AC	DRI	ESS			_	-	16. 01	HER INFO	ORMATIC	N	<del>.</del> .		•	
17.)STAT	EMENT (	OF EXAMIN	IEE'S PRESENT HEALT	H 11	1 OW	N WORDS. (Follow by description of	past	h	ist	lory, if c	omplain	t ezists)	· <u></u>	· · · · ·		<del>,</del> 1	minoral manager of the second
		$\mathcal{G}$	rood			·											
(18.)FAMI	LY HIST	TORY	•	_					_		19. HA	S ANY B	LOOD RELATIO	N (	Pare	nt, brothe	r, sister, other)
RELA	TION	AGE	STATE OF HEAL	TH		IF DEAD, CAUSE OF DEATH			AC	GE AT EATH	YES	NO	(Check	ŏас	h it	em)	RELATION(S)
FATHER		75	Good									x	HAD TUBERO	ULC	osis		
MOTHE	3	71	Good									_x_	HAD SYPHIL	IS			
SPOUSE		44	Good								x		HAD DIABET	ES			Grandfather
						· <del></del>		_		····	x		HAD CANCER				Cousin (1st)
BROTHE	RS			-	-		-	_				_X_	HAD KIDNEY				<u> </u>
AND SISTE	De.							_		,		_X_	HAD HEART				Father (Coli
31311								_			X	<b> </b> -	HAD RHEUM				Mother (WII
CHILDRE	EN	20	Good			1	-	-		<u>.                                    </u>	-X-	x	HAD ASTHM				Mother
		18	Good				_	-			<del> </del>	×	HAD EPILEPS	Y (	Fits)	<del></del>	<del></del>
		14	Good							,		x	COMMITTED	SUI	CIDE		
		12	Good									х	BEEN INSANI	E			
(20.)HAVE	YOU E	VER HAD O	R HAVE YOU NOW (P	lace	chec	k at left of each item)	,	_							.,		•
YES NO		<u> </u>		YES	NO	(Check each item)	YES	· T -			(Check			YES	МО		Check each item)
x			, ERYSIPELAS		X		<u> -</u>	+-	_	-		TH, CYS	T. CANCER	_	-		OR LOCKED KNEE
<u> </u>		HERIA MATIC FEV	ED.		X	TUBERCULOSIS SOAKING SWEATS	<del> </del>	+-	X	*	NDICITIS				X		
$-\frac{\mathbf{x}}{\mathbf{x}}$	<u> </u>		INFUL JOINTS		X	SOAKING SWEATS (Night sweals) ASTHMA	X	+			OR REC	CAL DISE	ASF	-	$\frac{1}{x}$	<b>!</b>	SIS (Inc. infantule)
$-\frac{1}{x}$	MUMP				X	SHORTNESS OF BREATH	-	٠,	x	-			URINATION		$\frac{1}{x}$		Y OR FITS
x	WHOO	PING COU	GH		×	PAIN OR PRESSURE IN CHEST	-	÷	x				OD IN URINE	-	$\frac{1}{x}$		AIN, SEA, OR AIR SICKNESS
X	FREQU	JENT OR S	EVERE HEADACHE		x	CHRONIC COUGH	-		x		R OR ALE	BUMIN IN	URINE		x	FREQUE	NT TROUBLE SLEEPING
x	DIZZIN	NESS OR F	AINTING SPELLS	_	x	PALPITATION OR POUNDING HEART			$\bar{x}$		;			-	x	FREQUEN	T OR TERRIFYING MIGHTMARES
x	EYE T	ROUBLE			x	HIGH OR LOW BLOOD PRESSURE		l	X	VENE	REAL DIS	EASE			x	DEPRES	SION OR EXCESSIVE WORRY
x	EAR, I	NOSE OR T	HROAT TROUBLE		x	CRAMPS IN YOUR LEGS		I	X	RECE	NT GAIN	OR LOSS	OF WEIGHT		X	LOSS OF	MEMORY OR AMNESIA
X	RUNN	ING EARS			x	FREQUENT INDIGESTION		ŀ	X	ARTH	RITIS OR	RHEUM	ATISM		X	ļ	
<u>x</u>	CHRO	NIC OR FR	EQUENT COLDS		$\mathbf{x}$	STOMACH, LIVER OR INTESTINAL TROUBLE	L	ŀ	X	BONE	JOINT, C	OR OTHE	R DEFORMITY	Ļ	x	ļ	S TROUBLE OF ANY SORT
X	SEVER	RE TOOTH	OR GUM TROUBLE	_	X	GALL BLADDER TROUBLE OR GALL STONES	_	ŀ	X	LAME				_	X	ļ	UG OR NARCOTIC HABIT
X	SINUS			_	x	ANY REACTION TO SERUM, DRIEG OR	-	+	X	<del></del>		جمجيب	GER, OR TOE	_	X	ļ	IVE DRINKING HABIT
(X)	HAY F			<u> </u>	IX	ANY REACTION TO SERUM, DRUG OR MEDICINE	<u> </u>		X	·			LDER OR ELBOW	Ļ	lx	<b>Ŀ</b>	EXUAL TENDENCIES
<u> </u>	·		eck each item)		1	TALL TOUR OF CHILD CO.	22	$\tilde{}$	ΕĘ	_			U EVER-	В.	СОМ		ONSET OF MENSTRUATION
$\frac{x}{y}$		GLASSES	FICIAL EYE	-	X	ATTEMPTED SUICIDE BEEN A SLEEP WALKER	-	+	<u></u>		PREGNA A VAGINA	_	ARGE	<del> </del> -			AL BETWEEN PERIODS
		HEARING			X	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	-	+		_			ALE DISORDER	┝	$\leq$		ON OF PERIODS
	<del></del>	<del></del>	STAMMERED	-	X	COUGHED UP BLOOD	†=	t	_		PAINFUL			-			F LAST PERIOD
			OR BACK SUPPORT	-	X	<u> </u>	1-	†	_	- <del>[</del>			TRUATION	Q	JANT	ITY: N	ORMAL DEXCESSIVE SHAREY
23. HOW	MANY.	JOBS HAVE	YOU HAD IN THE	24	. WH	IAT IS THE LONGEST PERIOD YOU	25	5.	W	HAT IS	OUR US	JAL OCC	JPATION?	*	26	. ARE YOU	(Check one)
- rasi	INKEE	YEARS?		L		LD ANY OF THESE JOBS? NTHS										RIGHT	HYNDED TELL HYNDED '
<u> :</u>	<del></del>	-			-	CLOSU	Ŕ	E	1		de fil	l.	-22	4	Į.		_1

#### CINCINE

YES	МО	CHECK EACH ITEM YES OR NO. EV	VERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
1	9	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	the state of the s
	X	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	· ·
	x	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	x	C, INABILITY TO ASSUME CERTAIN POSITIONS	
7	x	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	x	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB-	
	×	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	<b>3</b>
	×	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	· -
,	x	31, HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
•		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give age at which occurred)	32. Appendectomy (1920) age 3; Tonsillect
7	x	33, HAVE YOU EVER BEEN A PATIENT. (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR- IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	age 18; Hemorrhoidectomy, age 20; Ruptured disc, age 43
- 1		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	34. Prokendeg, age 22; broken collarbone and ribs, age 22
		35, HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST-5 YEARS' (If yes, give complete address of doctor, hospital, clinic, and details)	35. U.S. Naval Hospital, Bethesda, Md.,-
	х	36. HAVE YOUTREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS! (If yes, which illnesses)	ruptured disc 1960; Proctology consul Sigmo, doscope March & Sept. 1964, sma
	x	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL, OR OTHER REASONS! (If yes, give date and reason for rejection)	polyp removed from rectum March 1964; Family Doctor
	x	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	minor colds.
	X.	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY (If yes, specify what kind, granted by whom, and what amount, when, why).	
PROC	THORIZE ESSING	ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	TIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  D ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
EO O	* ¥	ED NAME OF EXAMINEE	SIGNATURE () () () ()
٠, ١	Ja	mes F. Bland	James T. Blank
<b>∕</b> `,∖	Ja		Physician shall comment on all positive answers in thems 20 thru 39)

Jenerally good health

b6 b7С. b6 b7C

1 ...

PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

MENT PERSONS OFFICE (SEC) 5276

J	
PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME	REGISTER NO. BI STAFF CLINIC
BUAND, JAMES FIELD.	AGE SEX (Check one)  OR STRETCHER  BED STAFF CLINIC  BED STAFF CLINIC  AMBULATORY  EXAMINATION REQUESTED
69" 165#	REQUESTED BY DATE OF REQUEST
(Above space for mechanical imprinting, if used)	REQUESTED BY  DATE OF REQUEST  2 -/6.5
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGN	
FILM NO. 6087-65	DATE OF REPORT 2-16-65
TYPED 26 FEB SINGLE PA PROJECTION OF THE CHEST demonstrates essentest from a previous study of 3-2-6 in the lateral portion of the right hemidiaphragm.	64. Again seen is the minimal irregularity
Department of Radiology U.S. Naval Hospital (National Naval Hedical Center) 20763—Billing Dividing C 3-2-64	b6 b7c
NAME OF HOSPITAL OR OTHER MEDICAL FACILITY	Standard Form 519A (Rev. Aug. 1954) Promulgated by Bureau of the Budget Circular A—32 (Rev.) RADIOGRAPHIC REPORT 519-205

67-200486 25-1

## Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee(Type or print).	BLAND,	JAMES First	F1ELD)
The following portions of the attac	hed examination re	port form need not b	pe completed:
2 3 4 9	14 17 62 65 67		68 O: 69 72 76 Fig. 1
46. Is necessary unless facilities	for affording same	are not readily ava	ilable.
48. Not required unless examinee desirable.	is over 35 years of	age or examination	indicates such is
49. Is necessary unless facilities	for affording same	are not readily ava	ilable.
71. Audiometer examinations sho applicants and Special Agent accepted if the hearing loss of sational speech range (500, 1	s. Applicants for t exceeds a 15 decibe	he Special. Agent.po	sition will not be
For All Examinees, Whether Cleri	cal or Spécial Agen	t Applicants or Émp	oloyees:
The medical examiner should answer the  Examinee is is n		nųous physical ėxe	rtion.
To be Answered in the Case of Al	l Male Employees	ind Male Applicants	
l. Does examinee have any defectactics and dangerous assignm		ntail the practical u	
1			3
2. Does examinee have any defection No Yes If "yes"	please specify def	ects:	
3. For safe driving of motor vehice test at least 20:/40 in one eye examinee wear corrective glass. If recommendation is based on	and 20/100 in the c ses while operating	other, corrected of u à motor vehicle? [	ncorrected. Should Yes AlNo
	67-	200486-	221

Desirable Weight Ranges for Males

Height	Smalls Frame	Medium Frame	Large Frame
5' 4" -	ì17 - 125	123:- 135	131 - 148
5' Š <sup>ii</sup> .	120 - 129	126 - 139	134 - 152
5'.6"	124 - 133	.130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
.5! 40# *-	140 - 150	146-161	155 - 175
5' 11"	144 - 154	150 = 166	160 - 180
6'	148 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6',2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 = 202	192 - 216

Š.	Consi	dering ab	ove wei	small ght table, the weight	e éxamine	dium s frame,	large and other in Excessiv	dividual p	hysical cha	racteris	stics;
-				weignt ہے۔ upervision, ہ	*** ** **	hould [	□lose	•	<b>ds</b> - b6 b7C	Mag 5	REÇID.≟
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	<b>3 3 3 3</b>	and the same of th	25. no. 25.	* * * * * * * * * * * * * * * * * * * *		(Sign	gture of Med	lical-Exam		Ğ	DIY
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DDE - NATURE OF AC	TION,	NOTIFIC	ATION OF B	ASIC CHANGE	EFFECTIVE DATE	DATFOFI	AST EQUIV. INCF
892 - QUAL	ITY INCREASE		896 <b>–</b> ADMIN.	PAY INCREASE		2/11/201	O LEGOTT I
893 - WITH	IN GRADE INCREASE		897 <b>–</b> ADMIN.	PAY DECREASE			
894 - PAY	ADJUSTMENT EP OR RATE	OLD SALARY	OTHER,(SPECI	FY IN REMARKS	-7		,
TANK ON LEVEL 311	EF VA RAIG	ULU SALAK)			NEW SALARY		•
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chilcrole	e's work is of an a	CCEPIABLE	LEVEL OF	COMPETENCE	<b>.</b> .		

PERSONNEL FILE COPY

JOHN EDGAR' HOOVER DIRECTOR

Standard Forin 88 (Rev. June 1956)	L EXAMINATIO	
1. UST NAVIL-PIRST NAME-MIDDLE NAME  ALBERT OF THE STREET	2. GRADE AND COMPONENT OR POSIT	1 olyuda
ME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
	ANNUAL	2-15-66
7. SEX 8. RACE 9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY 11. ORGANIZ	ATION UNIT
12. DATE OF BIRTH 13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRE	SS OF NEXT OF KIN
5-6-17 Gower, Mo.	_	
5-6-17 GOWER, MO.  15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION	
NNMC		
17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
CLINICAL EVALUATION NOTES. (Describe et	very abnormality in detail, Enter p	estinent item number helpse each
NOR- (Check each item in appropriate col- ABNOR Comment. MAL umn; enter "NE" it not evaluated.) MAL 23	Continue in item 73 and use additi	onal sheets if necessary.)
18. HEAD, FACE, NECK, AND SCALP	0	
19. NOSE Clrume	- Jugartea	
20. SINUSES		
21. MOUTH AND THROAT		
22. EARS—GENERAL (Int. & ezt. canale) (Auditory cavity under items 70 and 71)		
23. DRUMS (Perforation)  24. EYES—GENERAL Visual ocuity and refraction under stems 59, 60 and 67)		
25. OPHTHALMOSCOPIC		
26. PUPILS (Equality and reaction)		
27. OCULAR MOTILITY (Associated parallel more-	rebenfinale p	ui anne
28. LUNGS AND CHEST (Include breasts)	7 1	1 15 0 15
29. HEART (Thrust, size, rhythm, sounds)	- Ky of	and the same of th
30. VASCULAR SYSTEM (Varicosities, etc.)  31. ABDOMEN AND VISCERA (Include hernia)	070200	)4810-226
32. ANUS AND RECTUM (Prostate, if indicated)	REC-142	12 12 13
33. ENDOCRINE SYSTEM	1 621-42	F. 18 855 - 50
34. G-U SYSTEM	De Ren	1966
35. UPPER EXTREMITIES (Strength, range of motion)	X 0.2 -	
36. FEET		
37. LOWER EXTREMITIES (Except feet)  38. SPINE, OTHER MUSCULOSKELETAL	1 4	1 4
39, IDENTIFYING BODY MARKS, SCARS, TATTOOS	141	2 1 ACV
40. SKIN, LYMPHATICS	411	
41. NEUROLOGIC (Equilibrium tests under ilem 72)		$\sim$
42. PSYCHIATRIC (Specify any personality desiation)	CLOSURE	
	Š	
VAGINAL TRECTAL  44. DENTAL (Place appropriate symbols abore or below number of upper and lower teeth, res	(Continue in item 73)	
O-Restorable teeth X-Missing teeth	(6 X8)—Fixed bridge, brackets to	MARKS AND ADDITIONAL DENTAL FECTS AND DISEASES
I-Nonrestorable teeth XXX-Replaced by dentures	include abutments	EXAM TUDE III
R X 2 3 4 5 6 7 8 9 10 11 12	X L !	CLASS I
G 32 31 30 29 28 27 26 25 24 23 22 21	1 20 to to 17 F l	
		aries as noted
45. URINALYSIS: A. SPECIFIC GRAVITY / 27 2		
B. ALBUMIN CO. D. MICROSCOPIC	46. CHEST X-RAY (Place, date, film	numver and result
C. SUGAR NEW ROS. NEW	6495-66-	See Report
47. SEROLOGY (Specify test used and result) 48. EKG 49. BLOOD TYPE AND I FACTOR	6H 9.3-66-	
14'00 /4   MAIN	0 ,, -	0.44
- rug WNL	Proctology- Se	e Kepou
A 1988 TO 15.50	** <b>E</b>	•

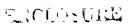
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74 SUMMARY OF DEFECTS AND DIAGNOSES (List dia	gnosės id	ith item	number	3)						<u></u>				
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75- RECOMMENDATIONS—FURTHER SPECIALIST EXAM	INATIONS	INDICA	TED (Sn	ecifů) 💯	7	- 27			12000	76.	A.*PI	YSICAL P	ROFILE	
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78. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECTS	BY ITEM	NUMBE	Ŗ							استرا	B	_	<u> </u>	Ε
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80. TYPED OR PRINTED NAME OF PHYSICIAN					***	سحر	ATURE	- 1				,	/ - 27	,-
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81. TYPED OR PRINTED NAME OF DENTIST OR PHYSIC	IAN Indi	icale wh	ich)			SI	SNATURE				<del></del> ;	~\\		
्रा । श्रृत्याच्या प्रश्नाची प्रमानिकार प्रश्नाची क्रिया है। स्थापन	tı .			-		, r	- 1		*	" -		we f	-	-
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER	OR A DOD	OVING A	เนเบอก	rý.	<del>.</del> .	-  - c1/	NATURE"	· · · · ·			•		NUMBER O	F AT-
OE TIFEL OR PRINTED NAME OF REVIEWING OFFICER	· · · ·			· /·		134	יייי איי <del>איי</del> אינטייהער	The Table	c	1475		,	TACHED SI	EETS
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Standard F (Rev. Aug Bureau of th Circulan	Orm 89 - 1959) E BUDGET A-32	THIS INF	ORM	(ATIS	REPORT OF MED	OIC.	<b>A</b> l	L H	ISTOI EASEO TO	RY UNAU	QED PERS	2 <u>40</u>			<b>D</b> 3-103
		ME-MIDDLE NAME				1	)	2. SF	ADE AND	COMPON	ENT OR POSIT	ION		10	ENTIFIC TO TO.
Í	Bland	, James	Fi	lel	d			Sp	ecia	1 A	gent			M	و نا و خيا و
4. HOME ADDR	ESS (Num	ber, street or RFD, o	city (	or tow	n, zonę and State)		(	5. )∙∪	RPOSE OF	EXAMIN	IATION			(6. 6)	ATE OF EXAMINATION
							Annual						2/15/66		
7. SEX M 8. RACE W 9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN								10. AGENCY 11. ORGANIZATION UNIT							
12. DATE OF BIRTH 13. PLACE OF BIRTH								14. N	AME, REL	TIONSH	IP, AND ADDRE	SS	OF N	EXT OF K	N .
5-6-17	7	Gower,	M	lis	souri										
5. EXAMINING	FACILITY O	R EXAMINER, AND A	DDR	ESS				16. 0	THER INFO	RMATIC	ON				
7. STATEMENT	OF FYAMI	FF'S PRESENT HEAT	TH II	N OWN	WORDS. (Follow by description of	mast	his	torn if	complain	( erista)	¥3. — — :		يسيحد		
- ×	60	od									-				
18.) FAMILY, HIS	STORY	<b>Ψ</b>							19. HA	S ANY B	LOOD RELATIO	N (.	Pare	nt, brother	r, sister, other)
RELATION	AGE	STATE OF HEA	LTH		IF DEAD, CAUSE OF DEATH		A(	GE AT	YES,	NO	(Check	eac	h it	em)	RELATION(S)
FATHER	76	Good								х	HAD TUBERO	ULC	osis		
MOTHER	72	Good	*************							X	HAD SYPHIL	.īs			
SPOUSE	45	Good							х		HAD DIABET	ES			Grandfather
									_x_		HAD CANCER	?			Cousin(1st)
BROTHERS										X	HAD KIDNEY	TR	OUB	LE	
AND										X	HAD HEART	TRO	UBL	E	
SISTERS									X		HAD STOMA				Father(Coli
						_			.X.		HAD RHEUM	ATI	SM (	Arthritis)	Mother
CHILDREN	21	Good					-		l	X	HIVES		1	فسعستهت	
	19	<u>Good</u>					,	- <del></del>		X,	HAD EPILEP				<del></del>
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7	112	Good				-1		1 <sup>4</sup>	13	X	BÈEN INSAN	E .		- and	4.6
<del></del>			$\overline{}$	7	k at lest of each item)	<del></del>		<del>**</del>	- (Chan)	<u> </u>	( (	lvec	TNO		
YES NO		each item)	YES	NO	(Check each item) y	YES			(Check	****		15.		***	Check each item)
<u> </u>	HLET FEVER	R, ERYSIPELAS	-	X	TUBERCULOSIS	1	ŀX		TURE	in ci	ST. CANCER.	<u>ڀ</u> ــا	×	FOOT TE	OR LOCKED KNEE
X.	UMATIC FE	/ED	╬	X	SOAKING SWEATS (Night sweats)	+	<b>X</b> -		NDICITIS			-	XX	NEURITI	
X:		AINFUL JOINTS	╁	X	(Night sweats) ASTHMA	X	+		S OR REC	AL DISI	ASE.	-	숛		SIS (Inc. Infantile)
- MUN		or 401113	-	X	SHORTNESS OF BREATH ,	<u> </u>	<del>, , , ,</del>	17.5			LURINATION	5	-	1	Y OR FITS
	XOPING COU	GH	-	X.	PAIN OR PRESSURE IN CHEST	+-	X		-		OOD IN URINE	-	X		AIN, SEA, OR AIR SICKNESS
<u></u>	<del></del>	SEVERE HEADACHE	+		CHRONIC COUGH	-	X	-	AR OR ALI		<del></del>	-	x	FREQUE	NT TROUBLE SLEEPING
— <del></del>		AINTING SPELLS	╬	X	PALPITATION OR POUNDING HEART	1-	-	BOIL	<u> </u>	3			$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$		T OR TERRIFYING NIGHTMARES
	TROUBLE	marino artico	†=		HIGH OR LOW BLOOD PRESSURE	-	X		REAL DIS	EASE		-	숝		SION OR EXCESSIVE WORRY
~- <del>[                                   </del>		THROAT TROUBLE	-	$\frac{\lambda}{x}$	CRAMPS IN YOUR LEGS	-	Ŕ				OF WEIGHT	-	Ţ	· · · · · ·	F MEMORY OR AMNESIA
<del></del>	NING EARS		╁	$\hat{\mathbf{x}}$	FREQUENT INDIGESTION	<u>. </u>	x	45-56	HRITIS OF	<del>, in the same of </del>	جينيوسوند	1=	x		أونستناك أنسأتك مستناك فوديت
		REQUENT COLDS	╁	兌	STOMACH, LIVER OR INTESTINAL TROUBLE	+-	X				R DEFORMITY	1=	x		IS TROUBLE OF ANY SORT
		OR GUM TROUBLE	+	x	GALL BLADDER TROUBLE OR GALL STONES	-	$\frac{1}{x}$	-	ENESS			1	x	1417 50	UG OR NARCOTIC HABIT
<u> </u>	JSITIS		1	$\hat{\mathbf{x}}$	JAUNDICE	1=	x			LEG. FI	GER, OR TOE	1	V		IVE DRINKING HABIT
	FEVER		1-	$\mathbf{x}$	ANY REACTION TO SERUM, DRUG OR MEDICINE	-	X				ULDER OR ELBOW	-	$\mathbf{x}$	номоз	EXUAL TENDENCIES
<del>\</del>		eck each item)		<u> </u>		22	. FE				OU EVER-	_			IE FOLLOWING:
<del></del>	RN GLASSE		T	$\mathbf{x}$	ATTEMPTED SUICIDE	1	1		N PREGNA		<del></del>	Τ		AGE AT	ONSET OF MENSTRUATION
		IFICIAL EYE	1=	1	BEEN A SLEEP WALKER	1-	1	_	A VAGIN		HARGE	†		INTERV	AL BETWEEN PERIODS
X Wor			_1_			-	+-							000171	AN OF PROJECT
	RN HEARIN	G AIDS	1	v	LIVED WITH ANYONE WHO HAD	1	1	BEE	TREATED I	OR A FE	MALE DISORDER	1		DURALI	ON OF PERIODS
X wor	RN HEARIN	G AIDS	-	x	LIVED WITH ANYONE WHO HAD TUBERCULOSIS COUGHED UP BLOOD	-	╀	<del>-  </del>	TREATED I			-			F LAST PERIOD

67-200486-226

24, WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?
MONTHS

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?



26, ARE YOU (Check one)

THE HANDED

RIGHT HUNDED

25. WHAT IS YOUR USUAL OCCUPATION?

YES		-	
	NO	CHECK EACH ITEM YES OR NO. EV	VERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		"27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	x	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	`
	x	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	1	C. INABILITY TO ASSUME CERTAIN POSITIONS	4,1
<del>`</del>	X X	D. OTHER MEDICAL REASONS (If yes, give reasons)	
<b></b> ≯.:	x	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB-	
	x	.29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERST. (If yes, give details)	
• 7	х	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH! (If yes, state reason and give details)	
, <del>1</del>	x	31. HAVE YOU EVER BEEN DENIEUTLIFE INSURANCE? (If yes, state reason and give details)	(iooo)
Ċ.		32. HAVE YOU HAD OR HAVE YOU BEEN ADVISED TO HAVE." ANY OPERATIONS! (It yes, 'describe and give age at which occurred).	32. Appendectomy (1920) age 3; Tonsillectomy age 18; Hemorrhoidectomy, age 20;
3	х	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR- IUM) (I) yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	Ruptured disc, age 43
ξ,		34. HAVE YOU EVER HAD ANY JLINESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	34. Broken leg, age 21; broken collarbone
K		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS. HEALERS. OR OTHER, PRACTITIONERS WITHIN THE PAST 5 YEARS1-(If yes, give complete address of doctor, hospital, clinic, and details)	and ribs, age 22
-	×	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER. THAN MINOR COLDS! (If yes, which illnesses)	ruptured disc 1960, Proctology b7 consult-sigmoidoscope March and
	х	37 HAVE (YOU LEVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL, OR OTHER REASONS! (II, yes, give date and reason for rejection)	September 1964, small polyp removed from rectum March 1964; Family
	x	38. HAVE YOU'EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL OR OTHER REASONS! (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	minor colds
	x	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY! (If yes, specify what kind, granted by whomit and, when, why)	y . 's 's 's 's 's 's 's 's 's 's 's 's 's
) AU	THORIZE	HAT (HAVE BEVIEWED THE FOREGOING INFORMATION SUPPLE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONEI MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE	THE BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  DABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
		TED NAME OF EXAMINEE	SIGNATURE ()
•	Jame	es F. Bland	Junes T. I Sland
8 ***	H	SUMMARY AND ECABORATION OF ALL PERTINENT DATA (P.	hysician shall comment on all positive answers in items 20 thru 39)
	-	4.1.75	Andrews
- w- 1	1,7	COMPT. DELINGT	
	- p	b6 b7C -	, b <u>6</u>
	77.		b7C -
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YPED C	OR PRIN	TED NAME OF PHYSICIAN OD EXAMINER DATE	NUMBER OF ATTACHED SHEETS

'ATIENT'S LAST HAME—FIRST HAME—MIDDLE HAME	REGISTE	R NO.	WARD NO.	
		FBI	STAFF	CLINIC
310Nd, Jomes Field 6814" 163	AGE SEX (Check o	ne)		
9(0)11/101	US MI BED	SIDE, WHEELCHAIR.	PATIENT AMB	ULATORY
141/4 163	EXAMINATION REQUESTE	D		
0014 102				
	REQUESTED BY		DATE OF REQ	
bove space for mechanical imprinting, if used)		<del></del>	12-15-	-64
RTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DI	IAGNOSIS <sup>9</sup>	•		
	12.00	F REPORT		
LM NO. 6495-66	DATE O	FREPORT		
DIOGRAPHIC REPORT	w			
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time. The right costophrenic angle is not during exposure of the film.		to position	ning of th	
time. The right costophrenic angle is not during exposure of the film. TIM: tec	t visualized due		ning of th	e patient
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during exposure of the film.  FIM: tec  4082-65	t visualized due	on of laboratory if not Standard Form	part of requesting ) 1 519A (Rev. Au y Bureau of the tar A-32 (Rev.)	e patient  b6  b7C
time. The right costophrenic angle is not during exposure of the film.  FIM: tec	t visualized due	on of laboratory if not Standard Form	pari of requesting of the pari of requesting of the pari of the pa	e patient  b6  b7C

·b6 b7C

CLINICAL RECORD	CONSL	ILTATION SHEET	
10:1	REQUEST FROM: (Requesting ward, April, or ac	the part of the pa	OF REQUEST
Proits Clim	Staff Clenic	15	706 66
REASON FOR REQUEST (Complaints and findings)	BI - SA -	· L' C	eei,
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	. al while	que	*
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PROVISIONAL DIAGNOSIS			
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	CONSULTATION REPORT		2
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	(Contifued on reverse side)		
	DATE IDENTIFICATI	ON NO. ORGANIZATI	ON
TENT'S IDENTIFICATION For typed or writter middle; grade; date,	n entries give Name—last, first, hospital or medical facility)	REGISTER NO.	WARD NO.
Dand lane 7	re().	<del></del>	CONSULTATION SHEET
1-62-	•	* _	Standard Form 513 \$1,3~1,04::02
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	Part of the same	20046	クーノイン

#### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Nan (Typ	ne of Examinee _ oe or print)	Bland	Janes Last	First	Middle
The	e following portion	ons of the attache	ed examination rep	ort form need no	t be completed:
		2 3 4 9	14 17 62 65 67		68 69 72 76
46.	Is necessary u	nless facilities f	or affording same	are not readily o	ıvailable.
48.	Not required undesirable.	nless èxaminee is	s over 35 years of	age or examinat	ion indicates such is
49.	Is necessary u	nless facilities f	or affording same	are nót readily a	vailable.
7Ì.	applicants and accepted if the	Special Agents.	Applicants for th ceeds a 15 decibel	e Special Agent	r all Special Agent position will not be er ear in the conver-
Fo	r All Examinees	, Whether Clerica	l or Special Agent	Applicants or E	mployees:
The	e medical examiner :	should answer the fo	llowing question:		
	Examinee J	is Dis not	qualified for stren	nuous physical e	exertion.
То	be Answered in	the Case of All	Male Employees a	nd Male Applica	nts:
1.			restricting or pro nts which might en		icipation in defensive I use of firearms?
	No DY	es If "yes" p	leαse specify defe	cts.	
2.	Does examinee	have any defects	prohibiting safe o	operation of moto	or vehicles?
	No D	Yes If "yes" p	lease specify defe	cts.	
3.	For safe driving test at least 20 examinee wear	g of motor vehicle :/40 in one eye ar corrective glasse	es, Civil Service ( and 20/100 in the o es while operating factor other than	Commission requ ther, corrected o a motor vehicle	ires distant vision must or <u>unc</u> orrected., Should
		•	•		

10000 67-200486-226

# FBI.

Desirable Weight Ranges for Males

41	Small Frame	M1.366 11.11 - 1	
Height	Small Frame	Mêdium Frame	Large Frame
5′ 4″	117 - 125	- 123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	. 138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
, 5′ 8″°	132 - 141	138 - 152	147 - 166
5′9″	136 - 146	142 - 156	151 - 170
5' 10"	-140 <sub>*</sub> - 150 <sub>4</sub>	146 - 161	155 - 175
5' 11"	. 144 - 154	150 - 166	160 - 180
6′ '	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	. 169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4".	169 - 180	ì78 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4.	Examinee's frame i	s small	medium	large		•
5,	Considering above. I consider his present	weight table, the	e examinee's fram Satisfactory	e, ànd other individu Excessive	ual physical chara Déficient	
6.	Under proper medic	al supervision, e	examinee should	i loser	pounds	,
	* -		w	Igain	pounds	b6 b70
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January 31, 1966

Mr. James F. Bland Federal Bureau of Investigation Washington, D. C.

#### Dear Mr. Bland:

It is a pleasure to commend you for the outstanding attitude you exhibited in reporting for duty today despite extremely hazardous travel conditions.

You demonstrated a sincere devotion to duty in considering your services so essential that in spite of an announcement that all Federal Government agencies would be closed you reported for duty. I do not want the opportunity to pass without advising you of my appreciation and that I have instructed that a copy of this letter be placed in your personnel file.

Sincerely yours,

67-116 1 1:ECORDED

FORM 3-842 (9-14-64) APPROVED COMP. GEN. U.S. 4-5-68 IN LIEU OF SF 1126

ME: LAST, FIRST, MIDDLE		SOCIAL SECURITY NUMBER	
10 E4 1		15-14-11/2	
	NOTIFICATION OF BASIC CHANGE		
PE - NATURE OF ACTION.	EFFECT	IVE DATE DATE OF LAST EQUIV. IN	CR.
892 - QUALITY INCREASE	896 - ADMIN. PAY INCREASE		
893 - WITHIN GRADE INCREASE	897 - ADMIN. PAY DECREASE		
894 - PAY ADJUSTMENT  DE OR LEVEL   STEP OR RATE	OTHER (SPECIFY IN REMARKS)	/1./2 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
02-11 <u>.</u>	DATE ON HUDAID ARCENOT	1210.110.1	
RIOD(S)	DATA ON UNPAID ABSENCE  TOTAL EXCESS IN PAY STATE	US AT END OF WAITING PERIOD INITIALS	-
		Dimmi Silvery	
EMPLOYEE'S WORK IS OF AN A	CCEPTABLE LEVEL OF COMPETENCE.		
EMPLOYEE'S PERFORMANCE R	ATING IS SATISFACTORY OR BETTER.		
	1, Edgar	ato-avon	

August 25, 1966

PERSONAL

Mr. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Mr. Bland:

It affords me great pleasure to take this opportunity to congratulate you upon your completion of twenty-five years of faithful service with the FBI. I wish to present your Twenty-five-Year Service Award Key and hope that it will occasion many happy memories of your Bureau career.

During your association with the FBI ever-increasing burdens have been imposed upon us to meet the challenges both from within and without our country. These years of dedication and hard work should fill you with a deep sense of pride for the contributions you have made to our organization. The enthusiasm and diligence that you have manifested in the handling of all of your assignments clearly reflect your intense interest in and loyalty to the Bureau and will serve as an inspiring example for your associates. Without the benefit of these fine qualities our responsibilities could not have been discharged with the same high degree of proficiency.

I hope that you will wear this Key as a symbol of our confidence in you. With best wishes and kindest regar Sincerely, AUG 25\_1981 Tolson DeLoach. Wick Enclosure Casper Callahan Contad . 1 - Mr. Sullivan (Personal Attention) 1 - Miss (Sent Direct) h7C Rošen PLDH:mfl/wf6 (5.) 67-200486 Sullivan Tavel Based on memo Callahan-Mohr, 6-29-66, LDH:eaj Trotter Telé. Roo Holmes

Standard Form 88 (Rev. June 1956) Bureau of the Budget Circular 4-32 (Rev.)		OF MEDICA	L EXÂMINÂTI	<u>u</u>	88-108
LAST NAME-FIRST NAME-MIDDLE NAME	م م م	<u>-</u>	2. GRADE AND COM	PONENT OR POSITION	3. IDENTIFICATION NO.
HOME ADDRESS (Number, street or RFD,	MES /	State)	5. PURPOSE OF EXA	MINITION	6. DATE OF EXAMINATION
TO THE ROBRESS (Warner, Met of RFD,	cuy or town, zone and k	State)	3. PURPOSE OF EXA	MINATION	6. DATE OF EXAMINATION
			Am	ual	2-1-17
7. SEX   8. RACE	9. TOTAL YEARS GO	VEDNUENT SERVICE	10. AGENCY	11. ORGANIZATION UP	UT 67
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12. DATE OF BIRTH 13. PLACE OF BIR	_!		14. NAME RELATION	ISHIP, AND ADDRESS OF N	EXT OF KIN
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5/4/17	$\mathcal{N}_{\mathcal{O}}$				
15. EXAMINING FACILITY OR EXAMINER, AND	ADDRESS	<del></del>	16. OTHER INFORMA	ATION	
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17. RATING OR SPECIALTY	·//		TIME IN THIS CAPAC	ITY (Total)	LAST SIX MONTHS
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NOR- (Check each item in appropria	ite col- ABNOR.	comment.	Continue in item /3	and use additional sh	eets if necessary.)
18. HEAD, FACE, NECK, AND SCALP			1 1		D
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20, SINUSES		21.	1	- 2	chai
21. MOUTH AND THROAT		Lun	Her Kan	inecony	7
22. EARS—GENERAL (Int. & est. canals acusty under stems	(Auditory 70 and 71)				
23. DRUMS (Perforation)					
24. EYES—GENERAL (Visual acuity and under items 69, 60	refraction and 67)				
25. OPHTHALMOSCOPIC				RESULTS	
26. PUPILS (Equality and reaction)	-11-1		•	111 0	HCD GWS
27. OCULAR MOTILITY (Associated par ments, nystagmu				16.7	" TOOME
28. LUNGS AND CHEST (Include breas				47	HCT %
29. HEART (Thrust, size, rhythm, sou	<del></del>		- 1	6.75	WA- X103
30. VASCULAR SYSTEM (Varicosities,				1-11	N: U- % A
31. ABDOMEN AND VISCERA (Include 32. ANUS AND RECTUM (Prostate, s) in				04	
33. ENDOCRINE SYSTEM	licated)			-	DAND %
34. G-U SYSTEM				30	CYMI IN E
35. UPPER EXTREMITIES (Strength, ran	ge of			1	103 % E
36. FEET		٠ .	-t-	,	DASO %
37. LOWER EXTREMITIES (Except feet)		30	M.·		A l
38. SPINE, OTHER MUSCULOSKELETAL		ENCLUS		2	MONOS % L
, 39. IDENTIFYING BODY MARKS, SCARS	TATTOOS V	~	Q.A.M.	adso	N. ATC. T. XIAŜ'
40. SKIN. LYMPHATICS					PLATELET XIBS
41. NEUROLOGIC (Equilibrium tests und	ler ilem 72)	•	<i></i>	11/10	1 ASSI
42. PSYCHIATRIC (Specify any personality	y deriation)		1	バカダイル	2-2011
43. PELVIC (Females only) (Check ho	w done)	. Oro -41 .	- / V		7100
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45. URINALYSIS: A. SPECIFIC GRAVITY	02.7	LABURATURY 1		(Place, date, film number	and result)
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C. SUGAR NEA	PARAN	1000	61195	- norma	Z.F
47. SEROLOGY (Specify test used and result)	48. EKG	19 BLOOD TYPE AND R	H 50. OTHER TESTS	. , ., , , , , , , , ,	
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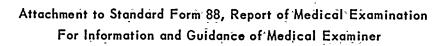
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62. HETEROPHORIA (Specify distance)	<u> </u>		<del></del>	-(e <del></del>				<u> </u>		1	<del>-</del>	donn. 10	<del></del>	Bī	
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74. SUMMARY OF DEFECTS AND DIAGNOSI	ES (List diag	nošes w	ith item	numbers	1).	<del></del>			-		-				- 14
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78. IF NOT QUALIFIED, LIST DISQUALIFYIN	IG DEFECTS	BY ITEM	NUMBE	R				,	÷	<u>, j</u>	<u> </u>		8	c	£
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S. DU	LINING	FACILITY	OR EXAM	IXER, AND A	ODRESS							16. 0	THER INFORM	MOITA	-				
11) STAT		ood or exim			IN OWN WOR	os. <i>(</i>	Foll	ow by description	of past history, if co	omţ	lai	int exi	sts)						
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	$\frac{\lambda}{x}$	STUTTERE	D OR STA	MAERED		1	T <sub>X</sub>			T	T	HAC	PAINFUL ME	NSTRUATIO	N .	Τ		DATE OF	LAST PERIOD
	x	A KROW	BRACE OR	BACK SUPPO	RT	1	k	BLED EXCESSIVELY AT	ER INJURY OR	1	1	HAD	IRREGULAR	AENSTRUAT	ION				NALL DICESSIVE SCANTY
23. HO	Y MUK T THR	Y JOBS HAT E YEARS?	TE YOU KA	D IN THE	$\overline{E}$	17	€ WHE	LAT IS THE LONGEST PERH LIP ANY OF THESE JOBS?	DO YOU	25	5. W	HAT IS	TAURU SUOT	OCCUPATIO	N7	16	726	ALE YOU	(Check one)

	CHECK EAC	M ITEM YES OR NO. EYERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN SLAKK SPACE ON RIGHT
	27. HAYE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE	
2	TO HOLD A JOB BECAUSE OF:  A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
= -	E. JHABILITY TO PERFORM CERTAIN MOTIONS	┥ ゛
-1-2	C. INABILITY TO ASSUME CERTAIN POSITIONS	<b>-</b>
		<b>-</b>
<del>- -</del> 2	D. OTHER MEDICAL REASONS (If yes,-give reasons)  28. HAYE YOU EYER WORKED WITH RADIOACTIVE SUBSTANCE?	<b> </b>
2		· · · · · · · · · · · · · · · · · · ·
	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR	<del>-1</del> -
1 3	TEACHERS? (If yes, give details)	·
-:	30. HAYE YOU EYER BEEN DENIED LIFE INSURANCE?. (If yes,	<b>-</b>
. 2	state reason and give details)	
_ _	31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE,	
: []	ANY OPERATIONS? (If yes, describe and give.	31. Appendectomy (1920) age 3; Tonsillectom
<del> </del>	age at which occurred)  32. HAYE YOU EYER BEEN A PATIENT (committed or	age 18; Hemorrhoidectomy; age 20;
- -	- voluntary) IN A MENTAL HOSPITAL OR SANITORIUM?	Ruptured disc, age 43
<u>ر</u> ا	(If yes, specify when, where, why, and name of doctor, and complete address of	
4	hospital or clinic)	
	33. HAYE YOU EYER HAD ANY ILLNESS OR INJURY OTHER THAN	22 70 10 2
: ]	THOSE ALREADY NOTED? (If yes, specify when,	33. Broken leg, age 22; broken collarbone
	where, and give details)  34, HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS,	age ribs, age 22
, .	PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN	
	THE PAST 5 YEARS? (If yes, give complete address of doctor, bospital, clinic, and	34. U.S. Naval Hospital, Bethesda, Md.,
نت إ	details)	ruptured disc 1960, Proctology
1 2	MINOR COLDS? (If yes, which illnesses)	
-1 -	and total (1) yes, which interesty	consult-sigmoidoscope March and
2	36. HAYE YOU EYER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS?	September 1964, small polyp removed
<b>1</b> 2	(If yes, give date and reason for rejec-	from rectum March 1964: Family
	tion)	Doctor
	37% HAYE YOU EVER BEEN DISCHARGED FROM MILITARY SERYKE BECAUSE OF PHYSICAL MENTAL, OR OTHER REASONS?	, Md.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(If yes, give date, reason, and type of	minor colds
يد. العد	discharge: whether honorable, other than honorable, for unfitness or un-	withor cords
	C suitability)	
Ĭ.	38. HAYE YOU EVER RECIEVED, IS THERE PENDING, OR HAYE	the second secon
X	YOU APPLIED FOR PENSION OR COMPENSATION FOR EXIST- ING DISABILITY? (If yes, specify what kind,	
	granted by whom, and what amount, when, why)	
	when, why	<u> </u>
ting: A fai	LSE OR DISHONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM M	LAY BE PUNISHED BY FINE OR IMPRISONMENT (18 U.S.C. 1001)
	have reviewed the foregoing information supplied by me and that	
THORIZE AN	A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	SH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVIC
	D NAME OF EXAMINEE	SIGNATURE Champath Blank
	Tames F. Bland	1 Julian State of the State of
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J	SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician sh	ball comment on all positive answers in items 20 thru 39)
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SIGNATURE AND TITLE	DATE	IDENTIFICATION		NOITATION	
PATIENT'S IDENTIFICATION (For typed or written middle; grade; date;  AND JF 3-34-59  -6-17N FBI	n entsies glve: Name⊷; ; hospital or medical fac	asi, first, illisy)	REGISTER NO.	T ,	WARD NO,  CONSULTATION SI Standard Form 51 513-104-02
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Name of Francisco	BLAND	TA	か <del>ー</del> ぐ	
Name of Examinee(Type or print)	Last	First	ب عرب	Middle
The following portions of the att	ached examination re	eport form nee	ed not be con	ipleted:
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71. Audiometer examinations stapplicants and Special Age accepted if the hearing loss sational speech range (500,	nts. Applicants for exceeds a 15 decib	the Special A el average in	gentiposition	will not be.
For All Examinees, Whether Cle	rical or Special Age	nt Applicants	or Employee	es:
The medical examiner should answer t	he following question:			
Examinee Dis 🗀 is	not qualified for str	enuous physi	cal exertion.	* * * * * * * * * * * * * * * * * * * *
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To be Answered in the Case of	All Male Employees	and Male App	licants:	· • • • • • • • • • • • • • • • • • • •
l. Does examinee have any def				
No. Yes If "yes	s," please specify de	fects.		
<del>الإنامالية المنظمة ا</del>	e equ	-	2 3	
2. Does examinee have any def	ects prohibiting safe	operation of	motor vehicl	es?
No Yes If "yes	s" please specify de	fects.		
· · · · · · · · · · · · · · · · · · ·				* ***
3. For safe driving of motor yel test at least 20/40 in one examinee wear corrective gland in recommendation is based.	ve and 20/100 in the asses while operatin	tothèr, correc g∘a motor veh	ted or uncorr icle?	ected. Should s XNo
EWY	List, was	-	<u> </u>	,
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### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'-4"	117 - 125-	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5'-7"	128 - 137	134 - 148	143 - 162
5'8"= =	132 - 141	138 = 152	147 - 166.
2,8,, Sr	136 - 146	142 - 156.	151 - 170
5' 10"	140150	146 - 16 <u>1</u>	. 155 <sub>.=</sub> 175
5'11" ≅	144 - 154	150 - 166	160 - 180
6 <sup>7</sup>	148 - 158	154 - 171	464 - 185.
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	.168 - 186	178 - 200
6' 4"	169 180	178 - 196	188 - 210
6! 5"	174 - 185	182:- 202	192 - 216

4. Examinee's frame is small medium	large
5. Considering above weight table, the examinee's fram I consider his present weight Satisfactory	ne, and other individual physical characteristics  Excessive  Deficient
6. Under proper medical supervision, examinee should	losepounds
· ·	gain pounds b6 b7C
Remarks:	

Mr. William C. Sullivan
Federal Bureau of Investigation
Washington, D. C.

Bland, James

Dear Mr. Sullivan:

I am taking this opportunity to commend, through you, the personnel in the Domestic Intelligence Division for the splendid work done in connection with the preparation of comprehensive briefs of interest to the Bureau on a confidential matter.

Everyone demonstrated a high degree of thoroughness, competence and skill in handling individual assignments in this complex and extensive survey and, as a result, contributed much to its expeditious completion. I was particularly pleased with the devotion to duty and enthusiasm demonstrated by all in voluntarily working at much personal inconvenience on this matter. Please convey my sincere appreciation to those who participated.

b6 b7C

Sincerely yours,

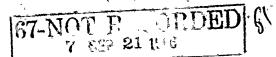
DUPLICATE YELLOW

1 - Mr. Sullivan (Personal Attention):
Re: Briefs on Microphones and Wire Taps
A copy of this letter is being placed in appropriate
personnel files.

1 - Miss (Sent Direct) CTP:eaj (88)

Based on memo to Sullivan 8-17-66 and addendum Administrative Division 8-25-66 re Briefs on Microphones and Wire Taps, Administrative Matter.

Copies prepared and attached for placing in following files: OVE





Mr. William C. Sullivan

Atkinson, Willian H. Mossburg, E. Hyatt Bartlett, Orrin H. Neale, Alexander W. Bland, James F. Branigan, William A. Callahan, Daniel F. X. Papich, Sam Cassidy, Fred J. Phillips, Seymor E. Cox, Paul L. Cregar, William O. Putman, Forrest S. Deakin, Thomas J. DeBuck, Henry L. Reddy, Edward Deegan, Joseph G. Ruehl, Vincent E. Enlow, Philip F. Rushing, Theron D. Ezell, Otho A. Forsyth, William T. Franck, Robert Russ Solomon, Albert H. Stames, Nick F. Griffith, Fred B. Horner, Robert M. Jackson, John A. Wacks, John F. Wagoner, James R. Little, Howard W. Wannall, W. Raymond Mastrovich, Nicholas J. Whitson, Lish

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MAY 1 1967

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## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

#### REPORT OF PERFORMANCE RATING

James F. Bland	
Where Assigned: Domestic Intelligence Subversive Con  (Division) (Section, Unit)	trol
Official Position Title and Grade: Special Agent, GS-16	-
Rating Period: from 4/1/66 to 3/31/67	
ADJECTIVE RATING: OUTSTANDING Outstanding, Excellent, Satisfactory, Unsatisfactory	Employee's Initials
Rated by:  Reviewed by:  Reviewed by:  Reviewed by:  Reviewed by:  Reviewed by:  Reviewed by:  Reviewed by:  Reviewed by:  Reviewed by:  Reviewed by:  Reviewed by:  Reviewed by:  Reviewed by:  Reviewed by:  Reviewed by:	3/31/67 Date 3/31/67
Rating Approved by:  Signature  Assistant to the Director	<del>-3/31/67-</del>
Official AEC-134 Siminia Faiva 60-Day 90-Day Transfer	nabered 2/2/27 1967 2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/



Name of Employee James F. Bland	5 .					
RATING GUIDE AND	CHECK-LIST					
	ce should be rated. All employees in same salary grade should be					
RATE ITEMS AS FOLLOWS:  t Outstanding (exceeding excellent and deserving of special commendation).  Excellent.						
Satisfactory (good or very good). — Unsatisfactory.						
No opportunity to appraise performance during rating period.						
1. "Outstanding" adjective rating requires (A) that all elements be + and narrative details, including reasons for considering each worthy of Spec 2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will deather than following any mechanical formulas; however, for an employed any performance evaluation factors on the rating guide and check-list an such rating factors. Good judgment must be exercised to insure that adj. A. Any element rated "Unsatisfactory" must be supported by narrative B. An official rating of "Unsatisfactory" must be supported in writing sof the (90-day) prior warning, and (3) the efforts made after the warn level and must be attached to FD-185a.	tial Commendation and be attached to FD-185a.  Idepend upon the composite result of evaluating all rated elements to to rated "Excellent" he must not be rated unsatisfactory on and must be rated "Excellent" or "Outstanding" on the majority of jective rating is reasonable in the light of elements rated. comments.  stating (1) wherein the performance is unsatisfactory, (2) the facts					
(1) Personal appearance.	(16) Firearms ability.					
(2) Personality and effectiveness of his personal contacts. (3) Attitude (including dependability, cooperativeness;	(17) Development of informants and sources of information.					
loyalty, enthusiasm, amenability and willingness to equitably share work load).  (4) Physical fitness (including health, energy, stamina).  (5) Resourcefulness and ingenuity.  (6) Forcefulness and aggressiveness as required.  (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.  (8) Initiative and the taking of appropriate action on own responsibility.  (9) Planning ability and its application to the work.  (10) Accuracy and attention to pertinent detail.  (11) Industry, including energetic, consistent application to	(18) Reporting ability: (a) Investigative reports					
(4) Physical fitness (including health, energy, stamina). (5) Resourcefulness and ingenuity.	(h) Summaru ranarta					
(6) Forcefulness and aggressiveness as required.	(c) Memos, letters, wires (Consider: £conciseness; £clarity; £organization; £thoroughness; £accuracy; £adequacy and pertinency					
(7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.	Forganization: Tthoroughness:					
(8) Initiative and the taking of appropriate action on own	or reads, standard detail.					
responsibility.  (9) Planning ability and its application to the work.	(20) Executive ability:					
(10) Accuracy and attention to pertinent detail.  (11) Industry, including energetic, consistent application to	(a) Leadership (b) Ability to handle personnel					
, auties,	(c) Planning					
(12) Productivity, including amount of acceptable work produced and rate of progress on or completion of	(d) Making decisions (e) Assignment of work					
assignments. Also consider adherence to deadlines	(f) Training subordinates					
unless failure to meet is attributable to causes beyond employee's control.	(g) Devising procedures (h) Emotional stability					
(13) Knowledge of duties, instructions, rules and regulations.	(i) Promoting high morale					
including readiness of comprehension and "know how" of application.	(i) Getting results  Ability on raids and dangerous assignments:					
(14) Investigative ability and results:	(a) As leader					
(b) Criminal or general investigative cases	(22) Organizational interest, such as making of suggestions for improvement.					
(c) Fugitive cases (d) Applicant cases	gestions for improvement.					
O_(e) Accounting cases	(24) Miscellaneous. Specify and rate:					
(15), Physical surveillance ability.	(23) Ability to work under pressure.  (24) Miscellaneous. Specify and rate:  Dictation ability  Capable of assuming					
	additional responsibiliti					
Specify general nature of assignment during most of rating period (such supervisor, instructor, etc.):  Chief of the Subversive Control Sec.	tion, Domestic Intelligence Division					
Specify employee's most noteworthy special talents (such as investigat  Administrator						
(1) Is employee available for general assignment wherever needs of ser						
comments.) (2) Is employee available for special assignment wherever needs of secomments.)						
<ol> <li>Has employee had an abnormal sick leave record during rating period leave or LWOP for illness) during rating period than the amount of sick question is "yes," explain in narrative comments.)</li> </ol>	d? <u>no</u> 2. Has employee used more sick leave (including annual k leave earned during such period? <u>no</u> (If answer to either					
Is employee qualified to operate a motor vehicle incidental to his offici If answer is "yes," personnel file must reflect the following: (a) Has (b) Is physically fit to drive. (c) Past safe driving record OK or has p	ial duties? X Yes No No valid State or local operator's license for type vehicle he is to use.					
OUTSTANDING						
ADJECTIVE RATING: Outstanding, Excellent, Satisfactory	EMPLOYEE'S INITIALS					

#### NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY: Mr. Bland makes an exceedingly fine impression and has an outstanding personal appearance. He has a friendly personality, reflecting sincerity and integrity. He makes an excellent Bureau representative under any and all circumstances.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS: In his present assignment Mr. Bland has had no occasion to participate in raids and dangerous assignments. However, his experience and background would indicate he could function effectively in these areas.

- 3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING.

  PERFORMANCE; AND SICK LEAVE INFORMATION: There are absolutely no

  limitations on his availability and his physical condition
  is excellent. He has continued to require a very bare minimum
  of sick leave.
- 4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED: Mr. Bland continues to serve as Section Chief of the Subversive Control Section, a position which he has held for several years. This Section has the over-all responsibility for the supervision of certain emergency programs and general racial intelligence matters. the nature of the emergency programs supervised, they must be constantly completely workable and up-to-date. It is conceivable that these programs, or portions thereof, might have to be activated on a moment's notice. Mr. Bland affords very close supervision to all facets of the Section's work and displays a keen interest and enthusiasm. He has the absolute respect of all his subordinates and is depended upon by his superiors. He has the faculty for inspiring high quality performance and loyalty. He is capable of handling all types of complicated investigative cases, is an excellent administrator, and has outstanding executive ability. Frequently Mr. Bland has relieved on the desk of the Number One Man of the Division and his work in this area has been entirely satisfactory in every respect.

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5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED: By letter dated 8/25/66 the Director congratulated Mr. Bland upon completion of 25 years of service with the FBI. By letter from the Director dated 8/31/66, Mr. Bland, along with other members of the Domestic Intelligence Division, was commended for work in connection with confidential brick Action and Justification for any UNSANTSPACTORY ITEMS:

(List items taken into consideration on rating guide and check list.)

N.A.

- 7. PARTICIPATION IN INFORMANT PROGRAMS: In his present assignment Mr. Bland has had no occasion to participate in informant programs as such; however, his experience, background, and personality certainly indicate he could perform in a highly satisfactory manner in this area.
- 8. TESTIFYING EXPERIENCE AND ABILITY: Mr. Bland has had no occasion to testify during the rating period but his make-up and demeanor attest to the fact that he would make an excellent witness.
- 9. ACCOUNTING INFORMATION:

N.A.

10. POLICÉ INSTRUCTION:

11. RESIDENT AGENTS:

N.A.

Initialed:

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE: Mr. Bland is a qualified Inspector's Aide but his services as such have not been utilized during the rating period. 13. FOREIGN LANGUAGE ABILITY: Language in which proficient Completed language school Yes No Fluent in \_\_\_\_ \_ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form Yes III No (2) Written form Yès Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory --Language Read 'Write Speak Understand Frequency language ability used during rating period: Frequency of use of language ability anticipated during ensuing year: 14. ADMINISTRATIVE ADVANCEMENT: (a) Agent is interested in administrative advancement. Yes Yes (b) Agent is completely available for administrative advancement. (X) Yes (c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. X Yes  $\square$  No (d) If answer to (c) is "Yes," Agent's qualifications considered - yery good .excellent outstanding (e) If answer to (c) is "No," Agent considered to have potential for future administrative advancement. (If applicable, explanatory comments required.) Yes

Initialed:

#### ANNUAL PERFORMANCE RATING.

#### RE: JAMES F. BLAND

- 1) Mr. Bland makes an outstanding personal appearance, being well groomed and properly attired on all occasions.
- 2) He has an ideal personality, reflecting friendliness and sincerity. He makes an immediate favorable impression on all those with whom he has contact, enabling him to gain cooperation and command loyalty.
- 3) Mr. Bland's outstanding attitude is among his most valuable attributes. He is cooperative with his associates and always willing to share equitably the work load. His enthusiasm is infectious, his loyalty unquestionable, and his dependability proved over the years.
- 4) Special Agent Bland is in excellent physical condition, thus accounting for his abundance of energy and great stamina.
- 5) Mr. Bland's refreshing approach to his duties indicates both resourcefulness and ingenuity.
- 6) While Mr. Bland's pleasant manner enables him to get along with fellow employees, he is most forceful and aggressive when the occasion requires.
- 7) He has good common sense and outstanding judgment that enable him to readily arrive at proper conclusions and to define objectives in proper order.
  - 8) Mr. Bland requires a minimum of supervision even though he is regularly performing important duties demanding decisions of import. He is quick to act on his own initiative and his appropriateness of action is ever apparent.
- 9) He has planning ability and his application thereof to his work helps account for his successful performance of duties.
- 10) Mr. Bland is accurate in his thinking and his action. While he does not allow himself to become bogged down in detail he recognizes that which is pertinent and acts accordingly.

- 11) Mr. Bland displays outstanding industry, being ever willing to accept additional responsibility. He applies his vast energy to assignment after assignment, never being satisfied to put in less than a very full day's work.
- 12) He is capable of producing an unusually large amount of acceptable work at a high rate of speed. He prides himself on meeting deadlines and insists that those working with him do likewise.
- 13) Mr. Bland is not only completely familiar with Bureau policies, procedures, rules, and regulations but also has an expert facility for properly applying them to his own work and that of his subordinates.
- 14) Mr. Bland has had extensive field investigative experience and his superior knowledge and understanding of investigative problems are reflected in the outstanding manner in which he supervises the investigative work charged to the Subversive Control Section.
- 15) In his present assignment Mr. Bland has no occasion to participate in physical surveillances. However, it is obvious from his ingenuity, common sense, and general appearance and personality he would be above average should his services be so required.
- 16) Mr. Bland is very interested in firearms and the use thereof, having outstanding ability in this field:
- 17) During recent years Mr. Bland has not been directly involved in the development of informants, but his background and current effectiveness leave no doubt that he could do an outstanding job along this line.
- 18) Mr. Bland has a gift for preparation of documents. His letters, briefs, memoranda, and other written material are concise, clear, thorough, accurate, well organized, and replete with pertinent detail.
- 19) Special Agent Bland has not been called upon to testify as a witness during the rating period. However, his demeanor, sincerity, and personality would lend themselves to his being most effective in this category.
- 20) In so ably controlling the work of his Section and in successfully relieving in positions of even greater responsibility than his own, Mr. Bland has clearly indicated outstanding executive ability. He is able to supervise personnel because

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- 21) Due to the nature of his current assignment, Mr. Bland is not called upon to participate in raids and similar dangerous assignments. However, his previous field experience and personal make-up would lend themselves to such work.
- 22) In view of his over-all enthusiasm for the work and welfare of the Bureau in general, Mr. Bland has an avid organizational interest. He makes frequent sound, constructive suggestions for the improvement of operations in his own Section, as well as in other areas.
- 23) Mr. Bland is never adversely affected by the heavy pressure under which he must frequently perform but rather appears to thrive on it, often putting forth his finest efforts under unfavorable conditions and short deadlines.
- 24) Mr. Bland has outstanding dictation ability, making the work of stenographic and secretarial personnel much smoother.

Through his extensive experience in the field and at the Seat of Government, Mr. Bland has demonstrated that he is an outstanding administrator and executive and has the necessary qualifications to assume additional responsibility.

VII

**REC-131** 

April 27, 1967

PERSONAL

Mr. James F. Bland Federal Eureau of Investigation Washington, D. C.

#### Dear Bland:

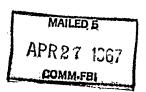
It is a pleasure to advise that you have carned an Outstanding performance rating covering your services for the period April 1, 1980, to Murch 31, 1967, which has been approved by the Departmental Committee on Incentive Awards. A copy of your rating is enclosed for your retention.

In view of the extremely high caliber of your services, I have approved a quality within-grade calary increase for you from \$23,425 per annum to \$24,005 per annum in Grade G3 16, effective May 7, 1007. It is apparent you have approached your work with a determination to do the best job possible and it is equally apparent that you have succeeded. Please accept my sincere congratulations upon your spleadid achievement.



Tolson

Enclosuró



Sinceroly,

J. Edgar Hoover

234 granusus

1 - Mr. Sullivan (PERSONAL ATTENTION) Enclosures (2)
You should personally present this award but should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

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Maria Relly

OPTIONAL FORM NO. 10 MAY 1962 EDITION UNITED STATES GOVERNMENT b6 Memorandumb7C Gale TO : Mr. Mohr 4-7-67 Rosen DATE: Sullivan Tavel. Trotter Tele. Room : N. P. Callahan Holmes SUBJECT: JAMES F. BLAND Chief - Subversive Control Section Domestic Intelligence Division por Post 16. \$23,425 GS 16, \$23,425 OUTSTANDING ANNUAL PERFORMANCE RATING There is attached for approval the annual performance report for Mr. Bland in which his services have been rated Outstanding for the period 4-1-66 to 3-31-67. During the current rating period no administrative action has been taken against him and he was commended once through a superior. Mr. Bland was rated Excellent on his 1966 annual performance report and his overtime has been satisfactory. It is respectfully requested that this rating be approved and that you, as the Director's Alternate on the Departmental Committee on Incentive Awards, sign both the original and the copy as the Approving Official. Thereafter it will be transmitted to the Department with other Outstanding ratings for approval by the Departmental Committee on Incentive Awards. Mr. Bland will then be entitled to a cash incentive award in the amount of \$400 as has been approved in the past for those below the level of Assistant Director who are in Grade GS 16 or above, or for a Quality Salary Increase of \$670 payable during a 52-week period. Mr. Bland is not at the top of his grade or in line for grade promotion; thus the Quality Salary Increase would be more beneficial to him at this time.

RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of the attached Outstanding performance rating and upon approval of the rating by the Department, Mr. Bland be furnished a copy of his rating and approved for a Quality Salary Increase effective 5-7-67.

Enclosures of LDH: jap 1(3)

Approved for a Suarry increase effective 3 (15)

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PERMANENT BRIEF ATTACHED.

7. SEX 12. DATE OF BIRTH 15. EXAMINING FACIL 17. RATING OR SPEC  18. HEAD, FA  19. NOSE  20. SINUSES  21. MOUTH 22. EARS—G  23. DRUMS	ST NAME—MIDDLE NAME  N'dmber, street or RFD, cl  8. RACE  13. PLACE OF BIRT  LITY OR EXAMINER, AND AVAILABLE  INICAL EVALUATION  ch item in appropriate  ter "NE" if not evaluation  CE. NECK, AND SCALP  AND THROAT  ENERAL (Int. & est. canals)  accurity under stems 7	9. TOTAL YEAR: MILITARY H  DORESS  C	S GOVERNMENT CIVILIA  NOTES: (1)	SERVICE N	2. GRADE AN  5. PURPOSE  10. AGENCY  14. NAME, RI  16. OTHER III	OF EXAMINATION  II ORG  ELATIONSHIP, AND AIR  OF EXAMINATION  CAPACITY (Total),  Y in detail. Ent	ANIZATION UNIT	SIX MONTHS
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$\circ$			b7C
annual			
LM NO. / 2/0/-		DATE OF REPORT	1-25-68
ADIOGRAPHIC REPORT			
PA CHEST: There is a	small amount of	of pleural scarring	at the right
costophrenic angle.	There is no ev	vidence of active of	isease in the
chest.			
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$\nearrow \land \land$	b6	_	
XVI _	b7C	.*	
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LCDR MC USN			,
LCDR MC USN df		تنب تنب	
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		SIGNATURE: (Specify location of laboral	
	<i>C</i>	SIGNATURE: (Specify location of laborat	ory if not part of requesting facility)  Standard Form 519A (Rev. Aug. 1954 Promulgated by Bureau of the Budge Circular A-32 (Rev.)

ENCLOSURE

67-200486-241

THYACLO FUNCTION RMC-6470/17 (Rev. 4-66)

#### RADIOISOTOPE LAWRATORY U.S. NAVAL HEDICAL CENTER NATIONAL NAVAL HEDICAL CENTER DETHESDA, HARYLAND

PATIENT'S NAME: BLAND, Ja	mes F. WARD/ACTIVITY: T-18
STATUS: FBI REFERRIN	G HEDICAL OFFICER: Dr. Sode
ISOTOPE GIVEN: I-131 DOSE:	50 uc date and time administered: 1-24-68
* **	
STUDIES PERFORMED AND RESULTS:	•
2 HOUR UFTAKE:%	
6 HOUR UPTAKE:	
T-3 RESIN UPTAKE: 31.9 %	
SCINTISCAN: See below	•
OTHER STUDIES:	
	₹
IHPRESSION:	9
	nd T-3 tests are normal. The scan hy uptake. This is consistent with
·	b6
	. b7C
	. 72
	LCDR MC USN
	Hend, Radioinotope Laboratory
HORMAL VALUES: 2 Nour Uptake: 6 Nour Uptake: 24 Hour Uptake T-3 Resin Uptak	: 8-25% o: 15-40%

enclosure 67-200486-241

Standard Form 513
Rev. August 1954
Bureau of the Budget

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CLINIÇAL RECORD		CON	SULTATION SHE	ET	*
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RIT	FROM: (Reques	ting ward, unit, or	activity)	DATE OF RE	-
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	CONSULIAI	ION REPORT			
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NATURE AND TITLE	DATE.	DENTIFICA	TION NO. ORGA	NIZATION	
FIENT'S IDENTIFICATION (For typed or written middle; grade; date; )			REGISTER NO.		WARD NO.

T-182 ....

1-24-68

ENCLOSURE

67-200126-241

513-104-02

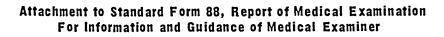
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Standard Form S13 Rev. August 1956 Bureau of the Budget	
Circular A=32	@491077907-1 GPO
CLINICAL RECORD	CONSULTATION SHEET
10:	REQUEST
Prochology	FROM: (Requesting ward, unit, or activity)  PER  7- /8  1/24/68
REASON FOR REQUEST (Complaints and findings)	
Reetal puly a	R 10 cm removed 1964
b b	6 7C
PROVISIONAL DIAGNOSTS TO ROOTED BOOTED APPRO	
DOCTOR'S DIAPPRO	
	- Emerganci
	BEDSIDE ON CALL PROUTINE
	CONSULTATION REPORT
	CONSULTATION REPORT  Not abunated  e Coichau O. 2820 to apply to

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SIGNATURE AND TITLE		DATE	IDENTIFICAT	TION NO.	ORGANIZATIO	PN NO
PATIENT'S IDENTIFICAT	ON (For typed or written e middle; grade; date; ho	entries give; Name ospital or medical	—last, first, facility)	REGIST	ER NO.	WARD NO.
BLAND JF B5-6-17H	3-34-59 FBI	•		<u>L</u>		CONSULTATION SHEE
LOT	160	ENC	CLOSURIE			513-104-02

67-260496-241

FD-300	(Rev.	2-9-67)



Name of Examinee    Composition   Compositio	Nama	of Evenines	Bland		Jomes	F					
2 9 62 69 3 11 65 72 4 14 67 76 8 17 68 46. Is necessary unless facilities for affording same are not readily available. 48. Not required unless examinee is over 35 years of age or examination indicates such is desirable. 49. Is necessary unless facilities for affording same are not readily available. 71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000.cycles).  For All Examinees, Whether Clerical or Special Agent Applicants or Employees:  The medical examiner should answer the following question:  Examinee  is is not qualified for strenuous physical exertion.  To be Answered in the Case of All Male Employees and Male Applicants:  1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  No Yes If "yes" please specify defects.  2. Does examinee have any defects prohibiting safe operation of motor vehicles?  No Yes If "yes" please specify defects.  3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? Yes No  If recommendation is based on a factor other than above standard, indicate basis  Should available.			Last		First	Middle					
3 11 65 72 4 14 67 76 8 17 68 46. Is necessary unless facilities for affording same are not readily available. 48. Not required unless examinee is over 35 years of age or examination indicates such is desirable. 49. Is necessary unless facilities for affording same are not readily available. 71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000.cycles).  For All Examinees, Whether Clerical or Special Agent Applicants or Employees:  The medical examiner should answer the following question:  Examinee   is   is not qualified for strenuous physical exertion.  To be Answered in the Case of All Male Employees and Male Applicants:  1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?    No   Yes   If "yes" please specify defects.	The fo	llowing portions of the	attached examinatio	on report form	need not be comp	leted:					
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To be Answered in the Case of All Male Employees and Male Applicants:  1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  □ No □ Yes If "yes" please specify defects.  2. Does examinee have any defects prohibiting safe operation of motor vehicles? □ No □ Yes If "yes" please specify defects.  3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? □ Yes □ No If recommendation is based on a factor other than above standard, indicate basis will be necessary for him to wear sufficiency.  □ No □ Yes If "yes" please specify defects. □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ Yes □ No □ Yes □ Yes □ No □ Yes □ Yes □ No □ Yes □ Yes □ No □ Yes □ Yes □ No □ Yes □ Yes □ No □ Yes □ Yes □ No □ Yes □ Yes □ No □ Yes □ Yes □ Yes □ No □ Yes □ Y	The m	edical examiner should	answer the followin	g question:							
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		glasses while dri	ving a Government vehicle (Signature)		101-	- XUUTIO X					

6'. 148 - 158 154 - 171 164 - 185  6'1" 152 - 163 158 - 176 169 - 190  6'2" 156 - 167 163 - 181 174 - 195  6'3" 160 - 171 168 - 186 178 - 200  6'4" 169 - 180 178 - 196 188 - 210  6'5" 174 - 185 182 - 202 192 - 216  Examinee's frame is	~Height	Small Frame	Medium Frame	Large Frame
124 - 133   130 - 143   138 - 157   128 - 137   134 - 148   143 - 162   150   132 - 141   138 - 152   147 - 166   159   136 - 146   142 - 156   151 - 170   150   146 - 161   155 - 175   151   144 - 154   150 - 166   160 - 180   178 - 190   160 - 171   168 - 186   178 - 200   160 - 171   168 - 186   178 - 200   160 - 171   168 - 186   178 - 200   160 - 170   160 - 180   178 - 196   188 - 210   160 - 180   178 - 196   188 - 210   160 - 180   178 - 196   188 - 210   160 - 180   160	5'4"	, 117 - 125	123 - 135	131 - 148 -
5'7"   128 - 137   134 - 148   143 - 162     5'8"   132 - 141   138 - 152   147 - 166     5'9"   136 - 146   142 - 156   151 - 170     5'10"   140 - 150   146 - 161   155 - 175     5'11"   144 - 154   150 - 166   160 - 180     6'	5' 5"	120 - 129	126 - 139	134 - 152
128 - 137	5'6"	124 - 133	130 - 143	138 - 157
132 - 141   138 - 152   147 - 166     5'9"   136 - 146   142 - 156   151 - 170     5'10"   140 - 150   146 - 161   155 - 175     5'11"   144 - 154   150 - 166   160 - 180     6'	5'7"	128 - 137	1 1	`
5'10" 140 - 150 146 - 161 155' - 175    5'11" 144 - 154 150 - 166 160 - 180    6' 148 - 158 154 - 171 164 - 185    6'1" 152 - 163 158 - 176 169 - 190    6'2" 156 - 167 163 - 181 174 - 195    6'3" 160 - 171 168 - 186 178 - 200    6'4" 169 - 180 178 - 196 188 - 210    6'5" 174 - 185 182 - 202 192 - 216    Examinee's frame is	5'8"	132 - 141	138 - 152	4
5'11" 144 - 154 150 - 166 160 - 180  6'	5'9"	136 - 146-	142 - 156	151 - 170
5'11"	5'10"	140 - 150	146 - 161	
6' 148 - 158 154 - 171 164 - 185  6'1" 152 - 163 158 - 176 169 - 190  6'2" 156 - 167 163 - 181 174 - 195  6'3" 160 - 171 168 - 186 178 - 200  6'4" 169 - 180 178 - 196 188 - 210  6'5" 174 - 185 182 - 202 192 - 216  Examinee's frame is small medium starge  Considering above weight table, the examinee's frame, and other individual physical characteristics of consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics. I consider his present started by the examinee's frame and other individual physical characteristics.	5'11"	144 - 154	150 - 166	
6'1" 152 - 163 158 - 176 169 - 190  6'2" 156 - 167 163 - 181 174 - 195  6'3" 160 - 171 168 - 186 178 - 200  6'4" 169 - 180 178 - 196 188 - 210  6'5" 174 - 185' 182 - 202 192 - 216'  Examinee's frame is □ small □ medium ☒ large  Considering above weight table, the examinee's frame, and other individual physical characteristics. I consider his present ght ☒ Satisfactory □ Excessive □ Deficient  Under proper medical supervision, employee should □ lose □ pounds  emarks: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	6'			164 - 185
6'2"   156 - 167   163 - 181   174 - 195   6'3"   160 - 171   168 - 186   178 - 200   6'4"   169 - 180   178 - 196   188 - 210   6'5"   174 - 185   182 - 202   192 - 216    Examinee's frame is	6'1"	_		169 - 190
6'3" 160 - 171 168 - 186 178 - 200  6'4" 169 - 180 178 - 196 188 - 210  6'5" 174 - 185 182 - 202 192 - 216  Examinee's frame is □ small □ medium ☒ large  Considering above weight table, the examinee's frame, and other individual physical characteristics if consider his present ☒ ght ☒ Satisfactory □ Excessive □ Deficient  Under proper medical simervision, employee should □ lose □ pounds  □ gain □ pounds  □ gain □ pounds	6'2"	156 - 167	163 - 181	
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Considering above weight table, the examinee's frame, and other individual physical characteristics. I consider his present graph Satisfactory Excessive Deficient  Under proper medical supervision, employee should lose pounds  gain pounds  emarks:	6'5"	174 - 185	182 - 202	192 - 216
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	<u> </u>	<b>E</b>		. a

are of Medical Examiner

24 January 1968

Date

**9** 

## ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE

FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL

#### TO COMPLETE THIS FORM—

## 1

#### FOLLOW THESE GENERAL INSTRUCTIONS:

- · Read the back of the "Duplicate" carefully before you fill in the form.
- · Fill in BOTH COPIES of the form. Type or use ink.
- · Do not detach any part.

_	
<i>a</i>	

#### FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL S	ECURIT	Y NUMBER
Bland,	James	Field	5/6/17	215	44	8102
EMPLOYING DEPARTMENT OR AGENCY		LOCATION (City, State, ZIP Code)				
Federal Bureau of Investigation		Washington, D. C.				

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here ———	
if you	. ↓
WANT BOTH	
optional and	
regular	(4)
insurance	(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE .

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance

(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)

James F. Bland

DATE

1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

FEB 8

See Table of Effective Dates on back of Original

**1963** 

#### INSTRUCTIONS TO EMPLOYING AGENCY

- 1. Who must file.—All employees not excluded by law or regulation from insurance coverage, including those who have previously waived coverage, are required to complete and file Standard Form 176–T. Employees who are in the service on February 14, 1968, as well as those who are appointed after that date but before April 14, 1968, must file the form.
- 2. Automatic cancellation of previously filed waivers.—All "Waivers of Life Insurance Coverage" (SF.53) on file are automatically canceled as of the first day of the first pay period beginning on or after February 14, 1968. Payroll offices are to begin regular insurance deductions on the automatic cancellation date for employees who do not file a new waiver, i.e., those who do not check box C of SF 176-T, on or before that date.
- 3. Employees failing to file.—If an employee does not return a completed SF 176-T, contact him and urge him to do so even if he does not want optional insurance (he will, of course, be automatically covered for regular insurance). If he still fails to file SF 176-T by April 14, 1968, or 31 days after appointment, whichever is later, file one for him as of that date: mark box B, and note in the space provided for his signature "employee contacted—failed to elect optional insurance." See note 2 below.
- Review of completed forms.—(a) Review both copies of the SF 176-T for legibility, completeness, and consistency. Reconcile with the employee any obvious major

- discrepancy such as a mark in more than one box.
- (b) If the employee marked box A or box C, make sure the Statistical Stub is complete. Then detach and mail stubs, in a bundle, weekly to:

Office of Federal Employees' Group Life Insurance (Statistical Study)

4 East 24th Street

New York, New York 10010

- (c) If the employee marked box B, detach and destroy the stub.
- 5. Date of receipt and effective date.—(a) Stamp date of receipt by employing office in the space provided for this purpose on both the Original and the Duplicate.
  - (b) The effective date is determined from the table below.
- 6. Disposition of forms.—(a) File the Original SF 176-T in the official personnel folder in all cases.
  - (b) Any necessary payroll change, with effective date, may be posted in the space reserved on the Duplicate for employing office.
  - (c) The Duplicate may be destroyed, if no payroll action is required, or after the requirements of the agency's payroll system have been met.
- 7. Use of SF 176-T.—SF 176-T "Election, Declination, or Waiver of Life Insurance Coverage" should not be used after the initial filing period (after April 14, 1968). A revised edition will be available for use after that date.

#### TABLE OF EFFECTIVE DATES

DATE SF 176-T RECEIVED BY	EMPLOYEE'S DECISION	EFFECTIVE DATE (IF NO WAIVER, SF 53, IN EFFECT)	
EMPLOYING OFFICE		OF DECISION	OF DEDUCTIONS
7	Elects optional (in addition to regular) (box A).	Coverage effective February 14, 1968.	Deductions begin 1st day of 1st pay period beginning on or after February 14, 1968.
On or before February 14, 1968.	Declines optional (but not regular)	Declination effective February 14, - 1968.	• 1
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which February 14, 1968 falls.	Deductions stop last day of pay period in which February 14, 1968 falls.
	Elects optional (in addition to regular) (box A).	Coverage effective on date of receipt.	Deductions begin 1st day of 1st pay period beginning on or after date of receipt.
After February 14 but not later than April 14, 1968.	Declines optional (but not regular) (box B)	Declination effective on date of re- ceipt, but employee loses auto- matic optional protection on Feb- ruary 14, 1968.	
•	Cancels previously elected optional (but not regular) (box B).	Cancellation effective last day of pay period in which received.	Deductions for optional stop last day of pay period in which re- ceived.
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay peri- od in which received.	Deductions stop last day of pay pe- riod in which received.

NOTES: 1. Because regular insurance coverage and deductions are automatic unless waived (by checking box C), A and B elections do not affect regular insurance effective dates.

- 2. An employee for whom the agency files SF 176-T because he failed to file is deemed to have declined optional, but not regular, insurance.
- 3. An employee with an uncanceled waiver (SF 53) on file cannot be insured any earlier than the first day he is in duty and pay status in a pay period beginning on or after February 14, 1968; filing of an SF 176-T before that date will not cancel an SF 53 any earlier. Deductions begin the day he becomes insured.
- 4. The effective date of regular (and optional) insurance coverage for an employee who has been on leave without pay for more than 1 year is the first day he is in pay and duty status. Deductions are effective the same day.





O NOTIFICATION OF PERSONNEL ACTION

4 "			
NAME (CAPS) LAST-FIRST-MIDDLE MRMISS-MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year)	4, SOCIAL SECURITY NO.
LAND, JAMES F. (MR.)	1	5-6-17	215-44-8102
/ETERAN PREFERENCE  1-NO 3-10 PT. DISAB. 5-10 PT. OTHER 2-5 PT. 4-10 PT. COMP.	6, TENURE GROUP	7, SERVICE COMP, DATE	8. PHYSICAL HANDICAP COD
EGLI 1-covered 2-ineligible 3-wajved	10. RETIREMENT	FS 5-OTHER	11. (FOR CSC USE)
CODE, NATURE OF ACTION	13. EFFECTIVE DATE	-NONE	HER LEGAL AUTHORITY
REASSIGNMENT	(Mo., Day, Year) 8-31-67	EXCEPTED I	SY LAW
FROM: POSITION TITLE AND NUMBER (Chief of upervisory Special Agent (Chief of		17. (a) GRADE (b) STEP OR OR LEVEL RATE	
ubversive Control Section) 60	GS	16 7	\$24,095 pa
9. NAME AND LOCATION OF EMPLOYING OFFICE	<u> </u>	1	WELFOOD DE
-		٠	
D. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. (a) GRADE (b) STEP OR OR	23, SALARY
Supervisory Special Agent	<b>GS</b>	OR OR LEVEL RATE	444
.60		16 7	\$24,095 pa
4. NAME AND LOCATION OF EMPLOYING OFFICE			
5, DUTY STATION (City-county-State).	<u> </u>		26. LOCATION CODE
7. APPROPRIATION	28. POSITION OCCUPIED		ION
	1-COMPETITIVE SERVICE		
S. & E., FB1	1—COMPETITIVE SERVICE  2—EXCEPTED SERVICE	FRUM: 1—PROVED-1 2—WAIVED-2	TO: STATE
REMARKS: A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONAR	2—EXCEPTED SERVICE RY (OR TRIAL) PERIOD COMME	1—PROVED-1 2—WAIVED-2	
REMARKS:  A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONAR B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TE	2—EXCEPTED SERVICE.  RY (OR TRIAL) PERIOD COMME  INURE FROM:  C. DURING	I—PROVED-I 2—WAIVED-2	TO: STATE
REMARKS:  A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONAR B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TE	2—EXCEPTED SERVICE RY (OR TRIAL) PERIOD COMME	I—PROVED-I 2—WAIVED-2	TO: STATE
REMARKS:  A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONAR B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TE  PARATIONS: SHOW REASONS BELOW, AS REQUIRED, CHECK IF APPLICABLE:  Basis for this position is Sec	2—EXCEPTED SERVICE.  RY (OR TRIAL) PERIOD COMME.  RURE FROM:  C. DURING PROBATION	1—PROVED-1 2—WAIVED-2 NCING	MENT OF 6 MONTHS OR LESS
A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONAR B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TE	2—EXCEPTED SERVICE.  RY (OR TRIAL) PERIOD COMME.  RURE FROM:  C. DURING PROBATION	1—PROVED-1 2—WAIVED-2 NCING	MENT OF 6 MONTHS OR LESS
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REMARKS:  A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONAR B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TE PARATIONS: SHOW REASONS BELOW, AS REQUIRED, CHECK IF APPLICABLE:  Basis for this position is Secured of 1949 as amended.	2—EXCEPTED SERVICE  RY (OR TRIAL) PERIOD COMME INURE FROM:  C. DURING PROBATION  C:tion 505 (e)	I—PROVED-1 2-WAIVED-2 NCING  D. FROM APPOINT  of the Clas	MENT OF 6 MONTHS OR LESS
A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONAR B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TE PARATIONS: SHOW REASONS BELOW, AS REQUIRED, CHECK IF APPLICABLE:  Basis for this position is Secured of 1949 as amended.  67-NOT RECORDED  15 SEP 12 1967  DATE OF APPOINTMENT AFFIDAVIT (Accessions only)	2—EXCEPTED SERVICE  RY (OR TRIAL) PERIOD COMME INURE FROM:  C. DURING PROBATION  C:tion 505 (e)	I-PROVED-1 2-WAIVED-2 NCING  D. FROM APPOINT  of the Class  thentication) AND TITLE  Direct	MENT OF 6 MONTHS OR LESS

James F Bland

Mr. William C. Sullivan Federal Bureau of Investigation Washington, D. C.

Dear Mr. Sullivan:

I want to commend, through you, the personnel in your Division for their splendid efforts in connection with information which was presented to the President's National Advisory Commission on Civil Disorders.

Through their spirit of enthusiasm and willingness to get the job done without regard to personal convenience, a great deal of necessary research was accomplished in a short time. Please convey to them my deep gratitude for their effective teamwork.

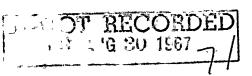
Sincèrely yours,

b6 b7C	1 - Mr. Sullivan (Personal Attention) Copy of this letter is being placed in files of	appropriàte, personnel.
٠	Copy of this letter is being placed in files of	CHIE AFTERNA
	1 - Miss (Sent Direct)	w.

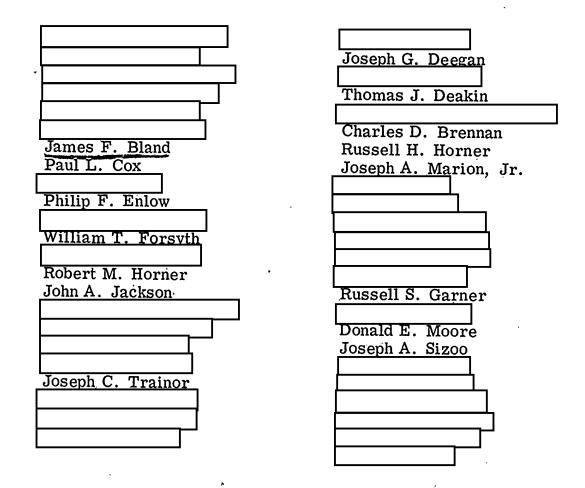
1 - Miss (Sent Direct) LDH:klb (52)

Based on memo Sizoo to Sullivan 8-3-67 re Brief Prepared by Domestic Intelligence Division for the Director's Testimony Before the President's National Advisory Commission on Civil Disorders.

Copies prepared and attached for placing in personnel files of: (OVER)



Mr. William C. Sullivan FBI, Washington, D. C.



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FORM'3-542 (9-14-64) APPROVED COMP.



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892 - QUALITY INCREASE 893 - WITHIN GRADE INC		896 - ADMIN. 897 - ADMIN. OTHER (SPECIF	PAY INCREASE PAY DECREASE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
RADE OR LEVEL STEP OR RATE		t , , , , , , , , , , , , , , , , , , ,	ARCENCE	NEW SALARY	17 + 2 1 . 67 . 1
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EMPLOYEE'S WORK IS					

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PEC-1471

April 5, 1968

PERSONAL

Mr. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Bland:

I am pleased to advise that you have been afforded an Outstanding performance rating for the period April 1, 1967, to March 31, 1968. There is enclosed a copy of this rating for your retention.

In recognition of your exceptional services, I have approved an incentive award for you in the amount of \$450.00 and the enclosed check represents this award. You have discharged your heavy responsibilities superbly and in keeping with the best traditions of the Bureau. I want you to know that I am most appreciative.

## Sincerely,

J. Edgar Hoover

Enclosures (2)

1 - Mr. Bishop (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it. Inform employee net amount of check represents this award less withholding tax.

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\si /	67-200486	J. P. W.		
$h_{\!\scriptscriptstyle \wedge}$	Award #672-68	~ ,	1.1	
1	Based on memo	Mohr-Mr. Tolso	on $4/2/68$ .	1.0
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MAL ROOM TELETYRE UNIT 1868

Sof

MAILED: 12 APR 5 1968 COMM-FBI

Rep

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DeLoach
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OPTIONAL FORM NO. 10 MAY 1962 EDITION GSA GEN. REG. NO. 27 UNITED STATES GOVERNMENT

*lemorandum* 

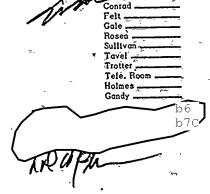
Mr. Tolson

DATE: 4-2-68

J. P. Mohr FROM:

SUBJECT: JAMES F. BLAND Number One Man

Crime Records Division



DeLoach Mohr . Bishop

#### OUTSTANDING ANNUAL PERFORMANCE RATING

There is attached for approval the annual performance report for Mr. Bland in which his services have been rated Outstanding for the period 4-1-67 to 3-31-68. Mr. DeLoach has signed this rating as the Reviewing Official.

In the event you approve this rating, it is respectfully requested that the Director sign both the original and the copy as the Approving Official. After approval of the rating, Mr. Bland will be furnished a copy of his rating. He will also be entitled to a cash incentive award under the provisions of the Incentive Awards Plan. Mr. Bland is in Grade GS 16 and will be entitled to an award in the amount of \$450 as has been approved for those who are in Grade GS 16 or GS 17.

## RECOMMENDATION:

That the Director, as Approving Official, sign the original and the copy of the attached Outstanding performance rating for Mr. Bland and that he be furnished a copy of his rating and afforded an incentive award of \$450.

b6 b7C

Enclosures DH:pam

PERMANENT BRIEF ATTACHED.

Searched

# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

#### REPORT OF PERFORMANCE RATING

Name of Employee:	JAMES F. B	LAND	· · · · · · · · · · · · · · · · · · ·		····
Where Assigned:	Irime Record	is	Front (	Office	
Official Position Ti	tle and Grade:	Special Agent	t - #1 Man	, GS-16	
Rating Period: from .	4-1-67		_to	1-68	
ADJECTIVE RATING:	OUTSTA Outstandir	ANDING ng, Excellent, Sai	isfactory, Uns	atisfactory	Employee's Initials
Rated by:	There & Signature	BishopIr			
Reviewed by:	Garche A. Signature	Lordas	ssistant to	the Dire	ctor 4/1/68  Date
Rating Approved by:	2 Signature	REC-143	Title		Date
	Official  Annual	TYPE OF REP	ORI	APR 9 Administrative 60-Day 90-Day Transfer	1968 - 1/2
- 4 4 4 6 6	£ 29				. <del>4</del>

9APR111535

3/1/

# PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee JAMES F. BLAND	· · · · · · · · · · · · · · · · · · ·
PAT	NG GUIDE AND CHECK-LIST
Note: Only those items having pertinent bearing on employment of the compared.  RATE ITEMS AS FOLLOWS:  Dutstanding (exceeding excellent and deserving of Excellent.  Satisfactory (good or very good).  Unsatisfactory.  No opportunity to appraise performance during rating Guide for determining adjective rating:  1. "Outstanding" adjective rating requires (A) that all elemnarative details, including reasons for considering eacl 2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective rather than following any mechanical formulas; however, any performance evaluation factors on the rating guide a such rating factors. Good judgment must be exercised that A. Any element rated "Unsatisfactory" must be support B. An official rating of "Unsatisfactory" must be support.	•
level and must be attached to FD-185a.    10	contacts. ness, ness, ness to  (18) Pirearms ability.  (18) Reporting ability:  (19) Remos, letters, wires  (19) Remos, letters, wires  (19) Remos, letters, wires  (19) Remos, letters, wires  (19) Remos, letters, wires  (19) Remos, letters, wires  (19) Leadership  (20) Performance as a withess.  (21) Ability to handle personnel  (22) Planning  (23) As leader  (24) As leader  (25) Getting results  (26) As leader  (27) Getting results
A. Specify general nature of assignment during most of ratisupervisor, instructor, etc.):  Number One Man, Front Office,	ng period (such as security, criminal, applicant squad, or as Resident Agent,  Crime Records Division
B. Specify employee's most noteworthy special talents (su Administrator	ch as investigator, desk man, research, instructor, speaker):
<ul> <li>C. (1) Is employee available for general assignment where comments.)</li> <li>(2) Is employee available for special assignment where comments.)</li> <li>D. 1. Has employee had an abnormal sick leave record du leave or LWOP for illness) during rating period than the</li> </ul>	ver needs of service require? Yes_(If answer is not "yes," explain in narrative ver needs of service require? Yes_(If answer is not "yes," explain in narrative ing rating period? No_2. Has employee used more sick leave (including annual e amount of sick leave earned during such period? No_(If answer to either
question is "yes," explain in narrative comments.)  E. Is employee qualified to operate a motor vehicle incider If answer is "yes," personnel file must reflect the follow (b) Is physically fit to drive. (c) Past safe driving recommendations.	wing: (a) has valid State or local operator a license for type vehicle he is to use.
ADJECTIVE RATING: OUTSTANDING	PAT Sotiofootory Unostinfootory

#### NARRATIVE COMMENTS

## 1. PERSONAL APPEARANCE AND PERSONALITY:

Mr. Bland makes an outstanding personal appearance and an exceedingly fine impression on all people whom he meets. His personality is friendly and reflects sincerity and integrity.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

N.A.

3. <u>LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:</u>

There are absolutely no limitations on his availability and his physical condition is outstanding.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

Mr. Bland has served since August 31, 1967, as Number One Man, Front Office, Crime Records Division, after having served for many years as Section Chief, Subversive Control Section, Domestic Intelligence Division. He has demonstrated an extremely high level of intelligence, an enthusiastic and hard working approach to his work, and an outstanding ability in making favorable contacts with persons in the news media field. His judgment has been unfailing and he engenders interest and enthusiasm along with high quality performance and loyalty among his subordinates. He can handle all types of matters arising in the Crime Records Division, is an outstanding administrator and has demonstrated executive ability and complete loyalty. He has served on a number of occasions at the desk of the Inspector in Charge, on the latter's absence, and his work in this area has been outstanding.

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED: By letter 4-27-67 Mr. Bland was advised by Director he had earned Outstanding Performance Rating for period 4-1-66 through 3-31-67 and he was given a quality within grade salary increase. By letter 8-9-67 he was commended through his superior for his efforts in connection with preparing material presented to the President's National Advisory Commission on Civiled 15/18559EFNARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:

(List items taken into consideration on rating guide and check list.)

N.A.

7. PARTICIPATION IN INFORMANT PROGRAMS:

N.A.

8. TESTIFYING EXPERIENCE AND ABILITY:

N.A.

9. ACCOUNTING INFORMATION:

N.A.

10. POLICE INSTRUCTION:

N.A.

11. RESIDENT AGENTS:

N.A.

Initials

## 12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

Mr. Bland is a qualified inspector's Aid but his services in this regard have not be utilized in this rating period.

13. FOREIGN LANGUAGE ABILITY:

problems as follows: (1) Conversation form Yes No  (2) Written form Yes No  Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory  Language Read Write Speak Under  Frequency language ability used during rating period:	Language in which proficient	U. 1	OREIGN LANGUAGE ABILITY:		
Completed language school	Completed language school Yes No Fluent in language to extent Agent can handle typical investigative problems as follows: (1) Conversation form Yes No (2) Written form Yes No Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory  Language Read Write Speak Underst Prequency of use of language ability used during rating period:  Frequency of use of language ability anticipated during ensuing year:  ADMINISTRATIVE ADVANCEMENT:  (a) Agent is interested in administrative advancement. Yes No  (b) Agent is completely available for administrative advancement. Yes No  (c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. Yes No  (d) If answer to (c) is "Yes," Agent's qualifications are considered very good excellent outstanding  (e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable,		N.A.		
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	explanatory comments required.)			17	
explanatory comments required.)			explanatory comments required.)	Yes	□ No

#### JAMES F. BLAND EOD 8-25-41

- 1. Mr. Bland makes an outstanding personal appearance, is always exceedingly and properly attired.
- 2. He has a warm friendly personality which reflects complete sincerity and has demonstrated an outstanding ability to make favorable contacts in all walks of life.
- 3. His outstanding attitude is one of his most valuable attributes. He equitably shares the workload, has an infectuous enthusiasm, is completely loyal and dependable and wholeheartedly cooperative with his associates.
- 4. Mr. Bland's physical condition is outstanding as demonstrated by an abundance of energy and great stamina.
- 5. Resourcefulness and ingenuity marks Mr. Bland's approach to all of his duties and is continually alert to devise new methods which will save manpower.
- 6. When the occasion arises, Mr. Bland is most forceful and aggressive, but his pleasant manner enables him to get along with all of his fellow employees.
- 7. He has good common sense and outstanding judgment which enables him to arrive at proper conclusions with a minimum of effort and he has demonstrated the ability to define objectives in their proper order.
- 8. Being completely knowledgeable of his responsibilities, he is quick to act on his own initiative and the expertness of his action is always evident.
- 9. He has the ability to quickly discern the solution to any problem presented to him and has demonstrated an outstanding ability in planning the correct approach to the solution of any problem.
- 10. Although handling an extremely large volume of work, Mr. Bland's work reflects that he overlooks no detail and his paper work is always completely accurate.
- 11. Mr. Bland displays outstanding industry and continually looks for additional duties which he may be able to handle. Blessed with vast energy, he applies himself fully to his assignments and is never satisfied with putting in less than a very full day's work.

- 12. Mr. Bland produces an unusually large amount of exceptional work at a high rate of speed. He is constantly aware of deadlines, prides himself on meeting them and insists on those working with him to do likewise.
- 13. His extensive and widespread experience in all facets of the Bureau's work makes him completely familiar with the Bureau's policies, procedures and regulations and he has demonstrated an experiness in applying them to his work and that of his subordinates.
- 14. N. A.
- 15. N. A.
- 16. Mr. Bland demonstrates outstanding ability in the use of firearms and is very interested in this field.
- 17. N. A.
- 18. Every letter, brief, memoranda and other written material prepared by Mr. Bland is concise, clear, thorough, well organized and accurate. He has demonstrated an outstanding ability in the preparation of all types of documents.
- 19. N. A.
- 20. During the rating period Mr. Bland has clearly demonstrated outstanding executive ability. He is able to supervise personnel, inspire them to higher levels of accomplishment, and by his own dedication has demonstrated the ability to inculcate loyalty and enthusiasm in his coworkers and subordinates.
- 21 N.A.
- 22. Mr. Bland has demonstrated intense interest in the Division and in the Bureau as a whole. He has made many sound constructive suggestions for the improvement of operations in the Division.
- 23. On many occasions during the rating period, Mr. Bland has demonstrated that he is never adversely affected by the heavy pressure under which he must perform in this Division. In fact, he thrives on such pressure and often does his best in the face of such pressure.
- 24. Mr. Bland's dictation is always smooth and planned and well organized and his dictation ability is regarded as outstanding.

## December 27, 1968

PERSONAL

Mr. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Bland:

It affords me great pleas	sure to commend you
for your fine services in connection	with the investigation
of the Kidnaping case involving	and
, , , , , , , , , , , , , , , , , , , ,	

You fulfilled your responsibilities in this delicate matter in a very effective manner, working with tireless devotion to duty. I appreciate your noteworthy efforts in the handling of important press releases.

b6 b7C	Sincerely,  J. Edgar Hoover
4	1 - Mr. Personal Attention)
	1 - Miss (Sent Direct)
LEW PHE	RHC:blg (5) 67-200486
K.	Based on Callahan memo 12-24-68 re
b6 'b7C	Fugitive; Fugitive;
	Victim - Kidnaping.
	67-200486-259
*	Salutation per file.  REC 132   Searched   Numbered   N
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5 PART 50-124-04

(FOR AGENCY USE)		, ,	,
1. NAME (CAPS) LAST-FIRST-MIDDLE MRMISS-MRS.	2. (FOR AGENCY USE)	3, BIRTH DATE (Me., Day, Year)	4, SOCIAL SECURITY NO.
BLAND, JAMES F. (MR.)		5-6-17	215-44-8102
5. VETERAN PREFERENCE  1-NO 3-10 PT. DISAB. 5-10 PT. OTHER 2-5 PT. 4-10 PT. COMP.	6. TENURE GROUP	7, SERVICE COMP. DATE	8, PHYSICAL HANDICAP CODE
9. FEGLI 1-COVERED 2-INELIGIBLE 3-WAIVED	10. RETIREMENT 1-CS- 3 2-FICA 4	-FS 5-OTHER	11, (FOR CSC USE)
12. CODE NATURE OF ACTION	13. EFFECTIVE DATE (Mo., Day, Year)	14. CIVIL SERVICE OR OT	HER LEGAL AUTHORITY
PROMOTION	8-27-68	EXCEPTED I	BY LAW
15. FROM: POSITION TITLE AND NUMBER	16, PAY PLAN AND OCCUPATION CODE		18. SALARY
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Inspector 150	GS Series 1811	37 5	\$28.000 pa
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B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TO SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE:	C. DURING PROBATION	D. FROM APPOINT	MENT OF 6 MONTHS OR LESS
	-	-	,
Basis for this position is Section of 1949 as amended.  67-107-107-107-108-108-108-108-108-108-108-108-108-108	vill remain 1		
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31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)	34. SIGNATURE (Or other out	hentication) AND TITLE	- J-W -
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing effice)		Sa, Sa, S	Moore
33. CODE EMPLOYING DEPARTMENT OR AGENCY DJ 02 FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D.C. 20535	35. DATE 8-28	-68	3/10
4. PERSONNEL FOLDER COPY			10

June 12, 1000

Bland, JAMES F.

Mr. Thomas C. Dichop Federal Europa of Investigation Vachington, D. C.

Dear Mr. Bichop:

I am pleased to commend, through you, the personnel of the Crime Records Division who performed so ably in the preparation and handling of the press release concerning the location of James Earl Ray, the subject of a Civil Rights-Conspiracy case.

Through their fine efforts, the release in this important matter was expeditiously and efficiently prepared and disseminated. Please express my appreciation to them for the high quality of their services.

Sincerely yours,

1 - Lir. Dishop (Percenal Attention) Copies of this letter being placed appropriate personnel.	in files of here	UPLIA.	
1 - Liiss (Cent Direct) LRH:jmp. (13) Based on memo Bickop-BeLoach 6/1	)/60 re		•
Copies prepared and attached for pla	eing in perco	onnel files	of: (OVER)

67-NOT RECORDED
6 JUN 20 1253

Mr. Thomas E. Bishop FBI, Washington, D.C.

Harold P. Leinbaugh Gordon E. Malmfeldt
Gordon E. Malmfeldt
James F. Bland

January 7, 1969

PERSONAL

Mr. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Bland:

You are certainly to be commended for your exemplary performance as Vice-President of the FBIRA during the past year.

Your whole-hearted support and splendid interest contributed greatly to the success achieved in 1968. I do not want the opportunity to pass without expressing my appreciation to you.

Sincerely,

J. Edgar Hoover

b6 b7		1 - Mr. Bishop (Pers	ional Attention)	
		1 - Miss (Sen	t Direct)	67-200486-250 SearchedNumbered
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Standard Com 88 (Rev. June 1956) Bureau of the Budget Circular A-32 (Rev.)

# QREPORT OF MEDICAL EXAMINATION



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SIGNATURE AND TITLE						

BLAND JE

3-34-59

CONSULTATION SHEET Standard Form 513 513—104—02

1-16-69

67-200481-251

## Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

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45,	46 and 47. Required examining physician are required in exam	deems one, two o	r all three of the e	t not for any other a xaminations necess	
48.	Not required unless	examinee is over	35 years of age or	examination indicat	es such is desirable.
49.	Is necessary unless	facilities for affor	rding same are not	readily available.	•
71.		Applicants for th	e Special Agent p		ccepted if the hearing
For	All Examinees, When	ther Clerical or Sp	ecial Agent Applic	ants or Employees:	
The	e medical examiner sh	ould answer the fo	ollowing question:	•	^ <u>-</u>
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Ţο	be Answered in the C	ase of All Male E	mployees and Mal	Applicants;	
	Does examinee have dangerous assignmen				n defensive tactics and
(	No ☐ Yes If "	yes," please spęci	fy defects.		
2	Does examinee have	any defects prohib	oiting safe operation	on of motor vehicles	?
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Date

March 13, 1969

PERSONAL

Mr. James F. Bland Federal Bureau of Investigation. Washington, D. C.

Dear Bland:

For your excellent performance relative to a matter of extreme importance to the Bureau in the security field, I am pleased to commend you.

Your alertness and immediate response to this vital situation were highly instrumental in the identification of the subject. As a result, the FBI's interests were secured and I want you to know that I appreciate your fine efforts.

	rar Hoover REC-150	67-200486- Searched Numbered 10 190-	-252.
b6 1 - Mr. Bishop (Perso b7C Re:		ecurity - Russia	
JMP (5) 67-200486 Based on Sulliv	Direct) b6 b7c van memo 3/11/69 recurity - Russia.	, e	
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# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

#### REPORT OF PERFORMANCE RATING

Name of Employee: _	JAMES F. BLAN	D	- · · ·
Where Assigned:	Crime Records	Front Office (Section, Unit)	
Official Position	Inconnet	or - #1 Man, GS-17	•
Rating Period: from	m4/1/68	to3/31/69	•
ADJËCTIVE RATING	OUTSTAN Outstanding, Excellen	DING t, Satisfactory, Unsatisfactory	Employée's Initials
Rated by:	Thomas E. Beil	Assistant Director	4/1/69 Date
Reviewed by:	Signature Signature	Assistant to the Director	4/1/69 Date
Rating Approved by	Signature Signature	Director  Title	4/1/69 Date
	TYPE OF	REPORT	
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APR 21 1959	renial in a	16 969	3

January 21, 1970

PERSONAL

Mr. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Bland:

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Commendation is certainly warranted for the splendid manner in which you served as President of the FBIRA during the past year.

Your untiring and resourceful efforts in directing this important program were responsible in a large degree for the successful results realized during 1969. I am appreciative of the enthusiasm and diligence you exhibited in fulfilling your duties.

Sincerely,

J. Edgar Hoover

1 - Mr. Bishop	(Personal Attention)	- Karaman DI a
1 - Mrs. JMP	(Sent Direct) REC-150	6 JAN 261970
67-200486 Based on and addendum 1	-James F. Blar /15/70 re FBIRA Activiti	nd memo 1/15/70 es, 1969.

MAILED 22 JAN 2 I 1970 COMM-FBI

Jayen Johnwstot

MAIL ROOM TELETYPE UNIT

B. ALDINAM HITE CO. ALLINOS AND TOTAL CO.	HOMEADDRESS (Number	JAME T, street or RFD, city or	S F.	ZIP Code)	INSP	ECTOR  EXAMINATION	3. IDENTIFICATION 3 - 3 4 6. DATE OF EXAM	75
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12. DATE OF BIRTH  S - G-17  MO.  15. ELAMABING PACILITY OR EXAMINE, AND ADDRESS  16. OTHER INFORMATION  THE IN THIS CAPACITY (7Med)  LAST SIX MONTHS  CLINICAL EVALUATION  CLINICAL EVALUATION  CLINICAL EVALUATION  CLINICAL EVALUATION  CLINICAL EVALUATION  CLINICAL EVALUATION  CLINICAL EVALUATION  CLINICAL EVALUATION  CLINICAL EVALUATION  COMMENT. Continue in item 73 and use additional threat item number before as comment. Continue in item 73 and use additional threat item number before as comment. Continue in item 73 and use additional threat item number before as comment. Continue in item 73 and use additional threat item number before as comment. Continue in item 73 and use additional threat item number before as comment. Continue in item 73 and use additional threat item number before as comment. Continue in item 73 and use additional threat item number before as comment. Continue in item 73 and use additional threat item parties.  13. PARCHART AND SOCIAL AND SO	7. SEX 8. RAC				10. AGENCY	11. ORGAI		
15. EMAMINING PACILITY OR COMMER, AND ADDRESS  16. OTHER INFORMATION  THE IN THIS CAPACITY (70da)  LET'S IX MONTHS  CLINICAL EVALUATION  CLINICAL EVALUATION  CLINICAL EVALUATION  COMMERC. CONTROL PROPERTY (70da)  LET'S IX MONTHS  COMMERC. CONTROL PROPERTY (70da)  LET'S IX MONTHS  COMMERC. CONTROL PROPERTY (70da)  LET'S IX MONTHS  COMMERC. CONTROL PROPERTY (70da)  LET'S IX MONTHS  COMMERC. CONTROL PROPERTY (70da)  LET'S IX MONTHS IN THE INITIAL SERVICE OF COMMERCE. AND SCALP  JOURNAL CONTROL PROPERTY (10da)  JOURNAL CONTROL	12. DATE OF BIRTH		AIANI	CIVILIAN	14. NAME, RE	LATIONSHIP, AND ADD	RESS OF NEXT OF KIN	
15. EMAMINING PACILITY OR COMMER, AND ADDRESS  16. OTHER INTORMATION  17. RATING OR. SPECIALTY  THE IN THIS CAPACITY (Total)  LOT SIX MONTHS  CLINICAL EVALUATION  CLINICAL EVALUATION  COMMENT. Comment. Continue in item 73 and use additional sheets it necessary.)  ROPE. Check pack from in paperdories cold. RAMOR.  18. LYNG PACK. NECK. AND SCALP  19. MOST.  19. MOST.  20. SUNDESS  20. SUNDESS  20. SUNDESS  21. NOUTH AND THORAT  22. DRUNG (Perforation)  23. LOUGH AND THORAT  24. DRUNG (Perforation)  25. OPHIRAMOSCOPIC  26. RUNG PART (Total, 11st, 4 platin, sound)  27. OCULAR MORTLY (Ministry distriction)  28. RUNG S ND CREST (Include the Articl)  29. AND SCALE RECTURE (Virginitia, 5 cold.)  30. AND SCALE STEEM (Virginitia, 5 cold.)  31. RUNG S ND CREST (Include the Articl)  32. RUNG S ND CREST (Include the Articl)  33. RUNG S ND CREST (Include the Articl)  34. RUNG S ND CREST (Include the Articl)  35. SUPPRINCE STEEM  36. DECRETURE (Virginitia, 5 cold.)  37. MOSCULAR SYSTEM (Virginitia, 5 cold.)  38. SUPPRINCE (CREATING STEEM)  39. DECRETURE (Greenfall recture)  39. DECRETURE (Greenfall recture)  39. DECRETURE (Greenfall recture)  40. DELVIS (Greenfall recture)  41. PERVIC (Reculting supports additional lineary 70)  42. PERVIC (Reculting supports additional lineary 70)  43. PERVIC (Principles supports additional lineary 70)  44. DELVIS (Principles supports additional lineary 70)  45. PERVIC (Reculting supports additional lineary 70)  46. PERVIC (Reculting supports additional lineary 70)  47. DELVIS (Principles supports additional lineary 70)  48. DELVIS (Principles supports additional lineary 70)  49. PERVIC (Reculting supports additional lineary 70)  41. PERVIC (Reculting supports additional lineary 70)  42. PERVIC (Reculting supports additional lineary 70)  43. DELVIS (Principles supports additional lineary 70)  44. DELVIS (Principles supports additional lineary 70)  45. DELVIS (Principles supports additional lineary 70)  46. PERVIC (Reculting supports additional lineary 70)  47. DELVIS (Principles additional li	6-1-317	Ma						
17. RATING OR SPECIALTY  THE IN THIS CAPACITY (Total)  LIST SIX MONTHS  CLINICAL EVALUATION  NOTES. (Describe every abnormality in detail. Enter portinent item number before excended the comment. Continue in item 73 and use additional cheets if necessary.)  JECTION, TACK MECK. AND SOLVE  JE-NOSE  JE		R EXAMINER, AND ADDRES	SS		16. OTHER IN	FORMATION		
CLINICAL EVALUATION  NOTES. (Describe every abnormality in detail. Enter pertinent item number before excomment. Continues in item 73 and use additional cheets if necessary.)  BLETTAIN, DECRINICA AND SCALP  BASIL WINT AND THEORY  BLETTAIN DECRINICAL SCALE  BASILOS  BASILOS  BASILOS  AL HOUTH AND THEORY  AL EVIS—GENERAL LETT. SCALE ITEMS  BASILOS  AL EVIS—GENERAL LETT. SCALE ITEMS  BELLIUS AND THEORY  AL EVIS—GENERAL LETT. SCALE ITEMS  BASILOS AND CHIES (Repression)  B. LUNGS AND CHIES (Repression)  B. LUNGS AND CHIES (Repression)  B. LUNGS AND RECTURE (Pression)  B. LUNGS AND RECTURE (Pr		nc						
SALUMING AND CHEST (Include Decestor)  3. ANUS AND CHEST (Include Decestor)  4. ANUS AND CHEST (Include Decestor)  4. DECESTOR (Include Decestor)  4. DEVENTANCE (Service and presentalize contained to the CHEST (Include Decestor)  4. DEVENTANCE (Service and presentalize contained to the CHEST (Include Decestor)  4. DEVENTANCE (Exceptor)  4. DEVENTANCE	IV. RATING OR. SPECIALTY				TIME IN THIS	CAPACITY (Total)	LAST SIX MONTHS	
SAL COMMINISTRY CONTRIBUTION CO	CLINICA	L EVALUATION .	, N	OTES. (Describe ev	ery abnormality	in detail. Enter	pertinent item number b	efore es
St. FIELD FACE, NECK, AND SCALE   St. MOSTH AND THROAT   ST. MOSTH AND THROAT   ST. MOSTH AND THROAT   ST. MOSTH	NOR- (Check-each ite	m in appropriate co	/- ABNOR-	comment.	Continue in ite	m 73 and use add	itional sheets if necessary,)	
13_NOSE   30_SINUSES   21_MOUTH AND THROAT   22_EARS—GENERAL CHARLES AND ADDITIONAL DENTAL   22_EARS—GENERAL CHARLES AND ADDITIONAL DENTAL   22_EARS—GENERAL CHARLES AND ADDITIONAL DENTAL   23_BRUNKS (Peripation)   24_EYES—GENERAL CHARLES AND ADDITIONAL DENTAL   25_ONLINE STREET   25_ONLINE STREE	<i>_</i>		<del></del>	- Swall wh	ite new	MAR lest	an (1) fosil sed	eg.
3D-SHOUSES  31. HOUTH AND THROAT  12. EARS—GENERAL (Init. of est. canab) (Anadotry)  12. EARS—GENERAL (Init. of est. canab) (Anadotry)  12. EARS—GENERAL (Init. of est. canab) (Anadotry)  12. BASS—GENERAL (Init. of est. canab) (Anadotry)  12. BASS—GENERAL (Init. of est. canab) (Anadotry)  12. COULAR MOTHLY (Associated possible more)  12. COULAR MOTHLY (Associated possible more)  13. LUNGS AND CHEST (Include breath)  13. LUNGS AND CHEST (Include breath)  13. LUNGS AND CHEST (Include breath)  13. AND AND RECTUM ((Invertaints, Anadoca)  13. AND AND RECTUM ((Invertaints, Anadoca)  13. SUPERA EXTREMITIES (Strength, Statuter)  13. SUPERA EXTREMITIES (Strength, Statuter)  13. SUPERA EXTREMITIES (Strength, Statuter)  13. SUPERA EXTREMITIES (Strength, Statuter)  13. SUPERA EXTREMITIES (Strength, Statuter)  13. SUPERA EXTREMITIES (Strength, Statuter)  13. SUPERA EXTREMITIES (Strength, Statuter)  13. SUPERA EXTREMITIES (Strength, Statuter)  13. SUPERA EXTREMITIES (Strength, Statuter)  13. SUPERA EXTREMITIES (Strength, Statuter)  14. DEVINING DOUGH ARRS, SCARS, TATTOOS  15. SUPERA EXTREMITIES (Strength, Statuter)  16. STATUTE DOUGH ARRS, SCARS, TATTOOS  16. AND STATUTE DOUGH ARRS, SCARS, TATTOOS  16. AND STATUTE DOUGH ARRS, SCARS, TATTOOS  16. AND STATUTE DOUGH ARRS, SCARS, STATTOOS  16. AND STATUTE DOUGH ARRS, SCARS, STATTOOS  16. AND STATUTE DOUGH ARRS, SCARS, AND ADDITIONAL DENTAL DOUGH ARRS, SCARS, AND ADDITIONAL DENTAL DOUGH ARRS, SCARS, AND ADDITIONAL DENTAL DOUGH ARRS, SCARS, AND ADDITIONAL DENTAL DOUGH ARRS, SCARS, AND ADDITIONAL DENTAL DETECTS AND DESCRIPTION OF A STATUTE DOUGH ARRS, SCARS, AND ADDITIONAL DENTAL DETECTS AND SERVING ARRS, SCARS, AND ADDITIONAL DENTAL DETECTS AND SERVING ARRS, SCARS, AND ADDITIONAL DENTAL DETECTS AND SERVING ARRS, SCARS, AND ADDITIONAL DENTAL DETECTS AND SERVING ARRS, SCARS, AND ADDITIONAL DENTAL DETECTS AND SERVING ARRS, SCARS, AND ADDITIONAL DENTAL DETECTS AND SERVING ARRS, SCARS, AND ADDITIONAL DENTAL DETECTS AND SERVING ARRS, SCARS, AND ADDITIONAL DENTAL DETECTS AND SERVING ARRS,							/	U
22. MOUTH AND THROAT  22. EARS—CENERAL (Mar. d. ext. canad) Knodury  23. DRUMS (Perforation)  24. CHES—CENERAL (Mar. d. ext. canad) Knodury  25. DRUMS (Perforation)  26. CHES—CENERAL (Mar. d. ext. canad) Knodury  27. COLURA MOTILITY (Associated parallel mare)  28. COLURA MOTILITY (Associated parallel mare)  29. HUNGS AND CHEST (Include breats)  30. HEART (Thrus, site, rhythm, sounds)  31. AND AND RECTUM (Vertexilite, etc.)  31. AND AND RECTUM (Vertexilite, etc.)  32. ANUS AND RECTUM (Vertexilite, students)  32. ANUS AND RECTUM (Vertexilite, students)  33. ENDOCRINE SYSTEM  34. DENTEXINESTEM  35. UPPER EXTERNITIES (Strength, renge of Mark)  36. FET  37. DENTEXINESTEM  38. JUPPER EXTERNITIES (Strength, renge of Mark)  39. JUPPER (Chemita only) (Check how done)  40. PELVIC (Remains only) (Check how done)  41. PELVIC (Remains only) (Check how done)  42. PSYCHIATRIC (Sperify any presentially striation)  43. PELVIC (Remains only) (Check how done)  44. DENTEXI (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  45. DENTEXI (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  46. DENTEXI (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  47. DENTEXI (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  48. DENTEXI (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  49. DENTEXI (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  40. DENTEXI (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  41. DENTEXI (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  42. DENTEXI (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  43. DENTEXI (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  44. DENTEXI (Place appropriate symbols above or below number						•		
23. OPHTHALMOSCOPE  25. OPHTHALMOSCOPE  26. PUPILS (Equality and rection)  27. CCULAR MOTILITY Maries, publishing part rection)  28. LINGS AND CHEST (Include breath)  29. HEART (Thrus, size, rhythm, sounds)  30. VASCULAR SYSTEM (Vericosities, etc.)  31. AND AND ROTHIN (Include breath)  32. ANUS AND RECTUM (Include breath)  33. ENDOCRIES SYSTEM  34. G-U SYSTEM)  35. FEET  36. G-U SYSTEM)  37. G-U SYSTEM)  38. FIREC RECTURED (Include breath)  38. FIREC STEER (Include breath)  39. TOWER EXTREMITES (Strangle, rease of method)  39. TOWER	<del> </del>						,	<i>S</i> -
23. OPHTHALMOSCOPE  25. OPHTHALMOSCOPE  26. PUPILS (Equality and receion)  27. COULAR MOTILITY (Market separated mone)  28. LUNGS AND CHEST (Include breatts)  29. HEART (Thrus, sier, rhythm, sounds)  30. VASCULAR SYSTEM (Varicoulites, etc.)  31. ANUS AND RECTUM ((Immerbalies, sixtee)  32. ANUS AND RECTUM ((Immerbalies, sixtee)  33. ENDOCRIES SYSTEM  34. G-U SYSTEM)  35. UNEXT (System)  36. FEET  37. Golded  38. FEET  38. FORE EXTREMITES (Strength, respect of motion)  39. TOWER EXTREMITES (Strength, respect of motion)  39. LOWER EXTREMITES (Strength, respect of motion)  40. PSYCHIAR GOOD PRANKS, SCARS, TATTOOS  41. PSYCHIAR GOOD RAMES, SCARS, TATTOOS  42. PSYCHIAR GE (Equilibrium tests under item 72)  43. PELYIC (Remales only) (Check how of motion)  44. DENTAL (Place appropriate symbols above or below numbers of upper and lower testh, respectively).  45. UNINAL (Place appropriate symbols above or below numbers of upper and lower testh, respectively).  46. DENTAL (Place appropriate symbols above or below numbers of upper and lower testh, respectively).  47. DENTAL (Place appropriate symbols above or below numbers of upper and lower testh, respectively).  48. DENTAL (Place appropriate symbols above or below numbers of upper and lower testh, respectively).  49. DENTAL (Place appropriate symbols above or below numbers of upper and lower testh, respectively).  40. DENTAL (Place appropriate symbols above or below numbers of upper and lower testh, respectively).  41. DENTAL (Place appropriate symbols above or below numbers of upper and lower testh, respectively).  42. DENTAL (Place appropriate symbols above or below numbers of upper and lower testh, respectively).  43. DENTAL (Place appropriate symbols above or below numbers of upper and lower testh, respectively).  44. DENTAL (Place appropriate symbols above or below numbers of upper and lower testh, respectively).	_\			the con	Held mic	-lisa 0 2	> & cerumen bi	W.
23. OPHTHALMOSCOPE  25. OPHTHALMOSCOPE  26. PUPILS (Equality and rection)  27. CCULAR MOTILITY Maries, publishing part rection)  28. LINGS AND CHEST (Include breath)  29. HEART (Thrus, size, rhythm, sounds)  30. VASCULAR SYSTEM (Vericosities, etc.)  31. AND AND ROTHIN (Include breath)  32. ANUS AND RECTUM (Include breath)  33. ENDOCRIES SYSTEM  34. G-U SYSTEM)  35. FEET  36. G-U SYSTEM)  37. G-U SYSTEM)  38. FIREC RECTURED (Include breath)  38. FIREC STEER (Include breath)  39. TOWER EXTREMITES (Strangle, rease of method)  39. TOWER			777	- NOT are su	ming vise	Sex 0	1"	
25. PUPILS (Equility and reaction)  26. LUNGS AND CHEST (Include breats)  27. COULAR NOTILITY (Associated parallel mose)  28. LUNGS AND CHEST (Include breats)  29. HEART (Thrus, size, rhythm, sounds)  30. VASCUUR SYSTEM (Vericoilite, etc.)  31. ABDOMEN AND VISCERA (Include breats)  32. ANUS AND RECTUM ((Include breats)  33. ENDOCRINE SYSTEM  33. ENDOCRINE SYSTEM  33. ENDOCRINE SYSTEM  34. OUT SYSTEM  35. UPPER EXTREMITIES (Street), renge of NEUT R  36. FEET  37. OWER EXTREMITIES (Street), renge of Neutral R  38. SPINE OTHER MUSCULOSKELETAL  39. IDENTIFYING BODY MARKS, SCARS, TATTOOS  41. PELVIC (Equilibrium trate under item 72)  42. PSYCHIATRIC (Specify any personality deviation)  43. PELVIC (Equilibrium trate under item 72)  44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  - Resolution  (Continue in item 73)  75. AND ADDITIONAL DEPETAL  TO SELECT  ALB. PELVIC (Equilibrium trate under item 72)  44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  - Resolution  15. UNIVERSAL (Place do not be under item 72)  45. UNIVERSAL (Place do not be under item 73)  16. Symbols above or below number of upper and lower teeth, respectively.)  - Resolution in item 73)  17. The State of State of State of State of State of State of State of Include boulments  18. UNIVERSAL (Place, date, film number and result)	,23. DRUMS, (Perfor	tión)* †		* * 1	V			
25. PUPILS (Equally and reaction)  26. LUNGS AND CHEST (Include breats)  27. COULAR NOTILITY (Associated parallel more)  28. LUNGS AND CHEST (Include breats)  29. HEART (Thrus, size, rhythm, sounds)  30. VASCULAR SYSTEM (Variositite, etc.)  31. ABDOMEN AND VISCERA (Include brenia)  32. ANUS AND RECTUM ((Include brenia))  33. ENDOCRINE SYSTEM  33. ENDOCRINE SYSTEM  34. O- SYSTEM  35. DEPER EXTREMITIES (Street), renne of southern sou	24. EYES-GENERAL	*(Viewal acusty and refract	ion r	1				
26. Pupils (Equality and reaction)   27. Coular Mother (Include breath)   28. Lungs and chest (Include breath)   29. Heart (Tatus, size, ryskm, nound)   30. VASCULAR SYSTEM (Varicoilites, etc.)   31. ABDOMEN AND VISCERA (Include herris)   32. ANUS AND RECTUM ((Vernerhoids, Savadus)   33. ENDORNIE SYSTEM   33. ENDORNIE SYSTEM   33. ENDORNIE SYSTEM   33. ENDORNIE SYSTEM   34. SPECIAL (Size of the property of th								
27. OCULAR MOTILITY (**Interclated parallel mones.**)  28. LUNGS AND CHEST (Include breatts)  29. HEART (TATUR, size, rhythm, sounds)  30. VASCULAR SYSTEM (Vericosities, etc.)  31. ABBOMEN AND VISCERA (Include hernia)  32. ANUS AND RECTUM (**Interceites, fatulars)  33. ENDOCRINE SYSTEM  33. ENDOCRINE SYSTEM  35. UPER EXTREMITIES (**Strength, ranges of Malian)  36. FEET  37. TOWER EXTREMITIES (**Strength, ranges of malian)  38. SPINE, OTHER MUSCULOSKEETAL  39. IDENTIFYING BODY MARKS, SCARS, TATTOOS  41. MEUROLOGIC (**Equilibrium tasts under item 71)  42. PSYCHIATRIC (**Spreigle any presonality deriation)  43. PELVIC (**Eemales only) (Check how done)  44. PELVIC (**Eemales only) (Check how done)  45. URANIAL (**Place appropriate symbols above or below number of supper and lower teeth, respectively.)  46. HET **  47. TP **5 APR 14 1970  47. TP **  48. ALK. PHEB  49. SGUT  40. PELVIC (**Eemales only) (Check how done)  41. PELVIC (**Eemales only) (Check how done)  42. PSYCHIATRIC (**Spreigle any presonality deriation)  43. PELVIC (**Eemales only) (Check how done)  44. PELVIC (**Eemales only) (Check how done)  45. URANIAL (**Place appropriate symbols above or below number of supper and lower teeth, respectively.)  46. PELVIC (**Eemales only) (Check how done)  47. TECLOSION (**Check how done)  48. PELVIC (**Eemales only) (Check how done)  49. PELVIC (**Eemales only) (Check how done)  40. PELVIC (**Eemales only) (Check how done)  41. PELVIC (**Eemales only) (Check how done)  42. PSYCHIATRIC (**Spreigle only presonality deriation)  44. PELVIC (**Eemales only) (Check how done)  45. URANIAL (**Place appropriate symbols above or below number of supper and lower teeth, respectively.)  46. OCT (**Check how done)  47. TECLOSION (**Check how done)  48. CHECK HOW (**Check how done)  49. PELVIC (**Check how done)  40. PELVIC (**Check how done)  40. PELVIC (**Check how done)  41. PELVIC (**Check how done)  42. PSYCHIATRIC (**Check how done)  43. DENTIFY (**Check how done)  44. PELVIC (**Check how done)  45. PELVIC (**Check how do								
28. LUNGS AND CHEST (Include breasts)  29. HEART (TRIVIL), size, rhythm, sounds)  30. VASCULAR SYSTEM (Vericosities, etc.)  31. ABDOMEN AND VISCERA (Include herris)  32. ANUS AND RECTUM (Itemorpholide, fistular)  33. ENDOCRINE SYSTEM  33. ENDOCRINE SYSTEM  33. ENDOCRINE SYSTEM  34. G-U SYSTEM  35. OPER EXTREMITIES (Strength, range of Melion)  36. FEET  37. G-U SYSTEM  38. OPER EXTREMITIES (Strength, range of Melion)  37. SPINE, OTHER MUSCULOSKELETAL  38. IDENTIFYING BODY MARKS, SCARS, TATIOOS  39. IDENTIFYING BODY MARKS, SCARS, TATIOOS  40. SKIN, LYMPHATICS  41. MEUROLOGIC (Equilibrium tests under item 72)  42. ESYCHIATRIC (Specify and personality derisation)  43. PELVIC (Emales only) (Check how done)  44. PELVIC (Emales only) (Check how done)  45. URINATING Continue in item 73)  46. DENTAL (Place appropriate symbols abore or below number of upper and lower tests, respectively.)  47. Missing tests  48. AMissing tests  49. 30. 11. 12. 13. 14. 15. 16. E.  40. 30. Third in tests under item 74. Include abutments  49. AMISSING CONTINUE STATEMENT OF THE CONTINUE STATEMENT O		· · · · · · · · · · · · · · · · · · ·						
29. MEART (Thrust, size, rhythm, sounds)  30. VASCULAR SYSTEM (Varicosities, etc.)  31. ABLOOMEN AND VISCERA (Include hermia)  32. ANUS AND RECTUM (Viscorhiet, sitular)  33. ENDOCRINE SYSTEM  34. G-U SYSTEM  35. UPDER EXTREMITIES (Street, free)  35. UPDER EXTREMITIES (Street, free)  36. FEET  37. COWER EXTREMITIES (Street, free)  38. SPENE, OTHER MUSEULOSKELETAL  39. IDENTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  41. MEUROLOGIC (Equilibrium tests under item 72)  42. PSYCHIATRIC (Specify one personality derivation)  43. PELVIC (Emales only) (Check how done)  44. PSYCHIATRIC (Specify one personality derivation)  45. PERSONAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  46. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  47. Maining teeth  48. Maining teeth  49. Maining teeth  40. SKIN, LYMPHATICS  40. SKIN, LYMPHATICS  41. PELVIC (Emales only) (Check how done)  41. PELVIC (Emales only) (Check how done)  42. PSYCHIATRIC (Specify one personality derivation)  43. CHARLEST 100  44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  45. URINALYSIS: A. SPECIFIC GRAVITY  46. DENTAL (Place, date, film number and result)								
30. VASCULAR SYSTEM (Varicosilies, etc.)  31. ASDOMEN AND VISCERA (Include hernia)  32. ANUS AND RECTUM (Itemschoids, studed)  33. ENDOCRINE SYSTEM)  33. ENDOCRINE SYSTEM  34. OF SYSTEM)  35. UPPER EXTREMITIES (Strength, reage of molion)  36. FEET  37. COWER EXTREMITIES (Strength, reage of molion)  38. SPENC OTHER MUSCULOSKELETAL  39. IDENTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  41. PELVIC (Equilibrium texis under item 72)  42. PSYCHIAT BIC (Specify any personality deviation)  43. PELVIC (Equilibrium texis under item 72)  44. DEVITAL (Place appropriate symbols abore or below number of upper and lower teeth, respectively.)  AND STREET  AND STREET  44. DEVITAL (Place appropriate symbols abore or below number of upper and lower teeth, respectively.)  AND STREET	28. LUNGS AND CH	EST (Include breasts)			4			
33. AND AND VISCERA (Include hernia)  34. AND AND VISCERA (Include hernia)  35. ANUS AND RECTUM (Itemarrhoids, sauder)  36. FEET  37. G-U SYSTEM  37. SUPER EXTREMITIES (Strength, renew of motion)  38. SPINE, OTHER MUSCULOSKELETAL  39. JEENTIFYING BODY MARKS, SCARS, TATTOOS  30. SPINE, OTHER MUSCULOSKELETAL  40. SPINE, OTHER MUSCULOSKELETAL  41. MEUROLOGIC (Equilibrium tegis under item 72)  42. PSYCHIATRIC (Specifyang personality derication)  43. PELVIC (Females only) (Check how done)  44. DENTAL (Place appropriate symbols abore or below number of upper and lower teeth, respectively.)  44. DENTAL (Place appropriate symbols abore or below number of upper and lower teeth, respectively.)  45. WARKS, CARS, TATTOOS  46. DENTAL (Place appropriate symbols abore or below number of upper and lower teeth, respectively.)  47. DENTAL (Place appropriate toth  A. Missin's teeth  A. Missin'	29. HEART (Thrust	size, rhythm, sounds)			• ,			
33. ENDOCRINE SYSTEM  34. G-U SYSTEM  35. UPPER EXTREMITIES (Strength, range of motion)  36. FEET  37. COWER EXTREMITIES (Excel fred)  38. SPINE. OTHER MUSCULOSKEETAL  39. JOENTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS '  41. MEUROLOGIC (Equilibrium tests under item 72)  42. PSYCHIATRIC (Specify any personality deriation)  43. PELVIC (Éemales only) (Cheek how done)	30. VASCULAR SYST	EM (Varicosities, etc.)		RESULTS	!S			
33. ENDOCRINE SYSTEM  34. G-U SYSTEM  35. UPPER EXTREMITIES (Cirraph, range of soliton)  36. FEET  37. OWER EXTREMITIES (Except feet)  38. SPINE, OTHER MUSCULOSKEITAL  39. IDENTIFYING BODY MARKS, SCARS, TATIOOS  40. SKIN, LYMPHATICS  41. PEUNOLOGIC (Equilibrium tests under item 72)  42. PSYCHIATRIC (Specify any personality deviation)  43. PELVIC (Remales only) (Check how done)  44. DENTAL (Place appropriate symbols above or below unbrody upper and lower teeth, respectively)  44. DENTAL (Place appropriate symbols above or below unbrody upper and lower teeth, respectively)  45. URINALISSIS: A. SPECIFIC GRAVITY  46. URINALISSIS: A. SPECIFIC GRAVITY  47. URINALISSIS: A. SPECIFIC GRAVITY  48. URINALISSIS: A. SPECIFIC GRAVITY  49. URINALISSIS: A. SPECIFIC GRAVITY  40. URINALISSIS: A. SPECIFIC GRAVITY  40. URINALISSIS: A. SPECIFIC GRAVITY  41. URINALISSIS: A. SPECIFIC GRAVITY  42. DENTAL (Place, date, film number and result)	31-ABDOMEN AND	VISCERA (Include hernia)		15.8 MGB TO	DMC DMC	SUUTS		
33. ENDOCRINE SYSTEM  34. G-U SYSTEM  35. UPPER EXTREMITIES (Cirraph, range of soliton)  36. FEET  37. OWER EXTREMITIES (Except feet)  38. SPINE, OTHER MUSCULOSKEITAL  39. IDENTIFYING BODY MARKS, SCARS, TATIOOS  40. SKIN, LYMPHATICS  41. PEUNOLOGIC (Equilibrium tests under item 72)  42. PSYCHIATRIC (Specify any personality deviation)  43. PELVIC (Remales only) (Check how done)  44. DENTAL (Place appropriate symbols above or below unbrody upper and lower teeth, respectively)  44. DENTAL (Place appropriate symbols above or below unbrody upper and lower teeth, respectively)  45. URINALISSIS: A. SPECIFIC GRAVITY  46. URINALISSIS: A. SPECIFIC GRAVITY  47. URINALISSIS: A. SPECIFIC GRAVITY  48. URINALISSIS: A. SPECIFIC GRAVITY  49. URINALISSIS: A. SPECIFIC GRAVITY  40. URINALISSIS: A. SPECIFIC GRAVITY  40. URINALISSIS: A. SPECIFIC GRAVITY  41. URINALISSIS: A. SPECIFIC GRAVITY  42. DENTAL (Place, date, film number and result)	32. ANUS AND RECT	UM (Hemorrhoids, fistulae)		1/4 HET %		3.2 MATI		A=
35. UPPER EXTREMITIES (Strength, range of motion)  36. FEET  37. TP  38. FEET  39. IOWER EXTREMITIES (Strength feet)  39. IOWER EXTREMITIES (Strength, conge of motion)  30. SPINE, OTHER MUSCULOSKELETAL  39. IDENTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  41. NEUROLOGIC (Equilibrium tests under item 72)  42. PSYCHIATRIC (Specify any personality desiation)  43. PELVIC (Éemales only) (Check how done)  44. DENTAL (Place appropriate symbols abore or below number of upper and lower teeth, respectively.)  45. URINALYSIS: A. SPECIFIC GRAVITY  45. URINALYSIS: A. SPECIFIC GRAVITY  46. URINALYSIS: A. SPECIFIC GRAVITY  47. TIM 1970  ABIND 79  LYMPH 59  E COS \$1. N. LYMPH 51. E  E COS \$1. LYMPH 51. E  E COS \$1. LYMPH 51. E  E COS \$1. LYMPH 51. E  E COS \$1. LYMPH 51. E  E COS \$1. LYMPH 51. E  E COS \$1. LYMPH 51. E  E COS \$1. LYMPH 51. E  E COS \$1. LYMPH 51. E  E COS \$1. LYMPH 51. E  E COS \$1. LYMPH 51. E  E COS \$1. LYMPH 51. E  E COS \$1. LY			-		<del>- K</del> EG140	加尔州 2	1) 1/1/10-1	25
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33. TOWER EXTREMITIES (Except feet)  32. TOWER EXTREMITIES (Except feet)  33. TOWER EXTREMITIES (Except feet)  34. TOWER EXTREMITIES (Except feet)  35. TOWER EXTREMITIES (Except feet)  35. TOWER EXTREMITIES (Except feet)  35. TOWER EXTREMITIES (Except feet)  35. TOWER EXTREMITIES (Except feet)  35. TOWER EXTREMITIES (Except feet)  35. TOWER EXTREMITIES (Except feet)  35. TOWER EXTREMITIES (Except feet)  46. PSYCHIATRIC (Equilibrium tests under item 72)  47. MENONOS W  48. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  46. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  46. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  47. MINING PLACE (Except feet)  48. DENTAL (Place appropriate symbols above or below number of bull tower teeth, respectively.)  48. DENTAL (Place appropriate symbols above or below number of bull tower teeth, respectively.)  49. DENTAL (Place appropriate symbols above or below number of bull tower teeth, respectively.)  40. REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES  45. URINALYSIS: A. SPECIFIC GRAVITY (Place, date, film number and result)		motion)			— [ ].	45 m 5	APR 14 1970	•
33. SPINE, OTHER MUSCULOSKELETAL  39. IDENTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  42. PSYCHIATRIC (Specify any personality desiation)  43. PELVIC (Females only) (Check how done)  VAGINAL   RECTAL   PARTILLET XIOS   PARTILLET X		(Providence)		BAND	7.	Zi. / 11	and the same of th	7.7
39 IDENTIFYING BODY MARKS, SCARS, TATTOOS  40. SKIN, LYMPHATICS  41. MEUROLOGIC (Equilibrium tests under item 72)  42. PSYCHIATRIC (Specify any personality deriation)  43. PELVIC (Emales only) (Check how done)    VAGINAL   RECTAL   PROPERTY   PROPERTY    44. DENTAL (Place appropriate symbols abore or below number of upper and lower teeth, respectively)  Continue in item 73)  44. DENTAL (Place appropriate symbols abore or below number of upper and lower teeth, respectively)  Continue in item 73)  AMDITIONAL DENTAL    ORACLE   PROPERTY    ORACLE			on)	2.4 LYMPI	150 E (	ALB MAN		
42. PSYCHIATRIC (Specify any personality desiation)  43. PELVIC (Females only) (Check how done)    VAGINAL   RECTAL   RECTAL   RECTAL   (Continuo in item 73)  44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  O—Restorable teeth   X—Missing teeth   XXX—Replaced by dentures   (6.X8)—Fixed bridge, brackets to include abutements   XXX—Replaced by dentures   (6.X8)—Fixed bridge, brackets to include abutements   XXX—Replaced by dentures   XXX—Replaced by de		IUSCULOSKELETAL			<u>ê</u> /	9.3 CA++1	A9.	
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42. PSYCHIATRIC (Specify any personality desiation)  43. PELVIC (Females only) (Check how done)    VAGINAL   RECTAL   RECTAL   RECTAL   (Continuo in item 73)  44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  O—Restorable teeth   X—Missing teeth   XXX—Replaced by dentures   (6.X8)—Fixed bridge, brackets to include abutements   XXX—Replaced by dentures   (6.X8)—Fixed bridge, brackets to include abutements   XXX—Replaced by dentures   XXX—Replaced by de	<del></del>	ics		BASO	* i		. 6 1 2	n
42. PSYCHIATRIC (Specify any personality deviation)  43. PELVIC (Females only) (Check how done)  44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  O—Restorable teeth  E—Missing teeth  EX—Missing teeth  EXXX—Replaced by dentures  R  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 E  HATELET XION  COntinue in item 73)  REMARKS AND ADDITIONAL DENTAL DESTAL  DEFECTS AND DISEASES  EXXX—Replaced by dentures  R  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 E  HATELET XION  COntinue in item 73)  REMARKS AND ADDITIONAL DENTAL  DEFECTS AND DISEASES  EXAL 1 9 02 3  C1 2 5 2  45. URINALYSIS: A. SPECIFIC GRAVITY  A CAPTURE (Place, date, film number and result)	39 IDENTIFYING BO	quilibrium tests under item	72)	ווֹהַעוֹה	1 1	/ -		1/
43. PELVIC (Females only) (Check how done)  VAGINAL RECTAL  VI. INC. SUE MATERITY 103  (Continue in item 73)  44. DENTAL (Place appropriate symbols abore or below number of upper and lower teeth, respectively.)  O-Restorable teeth  X-Minsing teeth XXX-Replaced by dentures  (6.X8)-Fixed bridge, brackets to include abutments  include abutments  (Continue in item 73)  REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES  (A.XXX-Replaced by dentures  R 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 E  HABORATORY FINDINGS  45. URINALYSIS: A. SPECIFIC GRAVITY  ABORATORY FINDINGS  45. URINALYSIS: A. SPECIFIC GRAVITY  ADDITIONAL DENTAL DEFECTS AND DISEASES  (Continue in item 73)  REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES  (A.XXX-Replaced by dentures  (A.XXX-Replaced by dentures  (Continue in item 73)  REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES  (A.XXX-Replaced by dentures  (	39 IDENTIFYING BO			Dwong		3.0 SG0T		
Continue in item 73   44. DENTAL (Place appropriate symbols abore or below number) upper and lower teeth, respectively.)  O-Restorable teeth   X- Missing teeth   XXX-Replaced by deniures   (6.X8) - Fixed bridge, brackets to include abuttments   Examily Defects and Diseases    -Nonrestorable teeth   XXX-Replaced by deniures   (6.X8) - Fixed bridge, brackets to include abuttments    -Nonrestorable teeth   XXX-Replaced by deniures   (6.X8) - Fixed bridge, brackets to include abuttments    -Nonrestorable teeth   XXX-Replaced by deniures   (6.X8) - Fixed bridge, brackets to include abuttments	39 IDENTIFYING BO 40. SKIN, LYMPHAT 41 NEUROLOGIC (E	xcify any personality deviation		T	•	TO CHOL		
44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)  O—Restorable teeth  (-Nonrestorable	39 IDENTIFYING BO 40, SKIN, LYMPHAT 41 NEUROLOGIC (8 42. PSYCHIATRIC (8			. achiel	X103	<i></i>		***
Co-Restorable teeth    X - Missing teeth   XXX - Replaced by dentures   (6 x 8) - Fixed bridge, brackets to include abutments	39 IDENTIFYING BO 40, SKIN, LYMPHAT 41 NEUROLOGIC (8 42. PSYCHIATRIC (8	only) (Check how done)		LOSUEE HATE			2	•
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CABORATORY FINDINGS   A. SPECIFIC GRAVITY   COMPANY   CABORATORY FINDINGS   CABORATORY	39 IDENTIFYING BO 30. SKIN, LYMPHAT 41 NEUROLOGIC (E 42. PSYCHIATRIC (S 43. PELVIC (Female	s only) (Check how done)  VAGINAL RECT iate symbols abore or belo	al Valla in a number of up	per and lower teeth, resp	(Coeclicely.)	ontinue in item 7.	EMARKS AND ADDITIONAL DENTA	NL.
G 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 E H 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 F T  LABORATORY FINDINGS  45. URINALYSIS: A. SPECIFIC GRAVITY  A CAUSING (Place, date, film number and result)	39. IDENTIFYING BO  40. SKIN, LYMPHAT  41. NEUROLOGIC (E  42. PSYCHIATRIC (S  43. PELVIC (Female  44. DENTAL (Place appropri	s only) (Check how done)  VAGINAL RECT iste symbols abore or belo	w number of up	per and lower teeth, resp	(Cocilicely.) (6 × 8) — Fixed brid	ontinue in item 7.	EMARKS AND ADDITIONAL DENTA	AL.
LABORATORY FINDINGS  45. URINALYSIS: A. SPECIFIC GRAVITY / O 9  A CAST GIFT (Place, date, film number and result)	39. IDENTIFYING BO  40. SKIN, LYMPHAT  41. NEUROLOGIC (E  42. PSYCHIATRIC (S  43. PELVIC (Female  44. DENTAL (Place appropri	s only) (Check how done)  VAGINAL RECT igte symbols abore or belo	w number of up	per and lower teeth, resp h dentures	(Cocilicely.) (6 × 8) — Fixed brid	ontinue in item 7.	EMARKS AND ADDITIONAL DENT/ EFECTS AND DISEASES Examinated Pages	AL.
45. URINALYSIS: A. SPECIFIC GRAVITY /	39. IDENTIFYING BO  30. SKIN, LYMPHAT  41. NEUROLOGIC (E  42. PSYCHIATRIC (S  43. PELVIC (Female  44. DENTAL (Place appropriate teeth  (-Nonrestorable teeth  R  1 2 3	s only) (Check how done)  VAGINAL RECT igte symbols abore or below  XX	w number of upp  X—Mining teet  X—Replaced by	per and lower teeth, resp h dentures	(Continuity.)  (6 × 8) — Fixed bride include	ge, brackets to abutments	EMARKS AND ADDITIONAL DENT/ EFECTS AND DISEASES Examinated Pages	NL
45. URINALYSIS: A. SPECIFIC GRAVITY / 09 46 CAST (Place, date, film number and result)	39. IDENTIFYING BO  40. SKIN, LYMPHAT  41. NEUROLOGIC (E  42. PSYCHIATRIC (S  43. PELVIC (Female  44. DENTAL (Place appropriate teeth  1—Nonrestorable teeth  R  1 2 3	s only) (Check how done)  VAGINAL RECT ide symbols above or belo  XX  4 5 6  29 28 27 2	AL Value of upi	per and lower teeth, resp h denlures	(Coefficiency.) $ \begin{array}{c} (6\hat{X}8) - Fixed \ brider \\ & \text{include} \\ 13 & 14 \\ 20 & 19 \end{array} $	ge, brackets to abutments  L 15 16 E 18 17 F	EMARKS AND ADDITIONAL DENT/ EFECTS AND DISEASES Examinated Pages	AL .
45. URINALYSIS: A. SPECIFIC GRAVITY / O / 46 CASTIGNET (Place, date, film number and result)	39-IDENTIFYING BO  40, SKIN, LYMPHAT  41 NEUROLOGIC (E  42. PSYCHIATRIC (S  43. PELVIC (Female  44. DENTAL (Place appropriate teeth  (-Nonrestorable teeth  R  1 2 3	s only) (Check how done)  VAGINAL RECT ide symbols above or belo  XX  4 5 6  29 28 27 2	AL Value of upi	per and lower teeth, resp h denlures	(Coefficiency.) $ \begin{array}{c} (6\hat{X}8) - Fixed \ brider \\ & \text{include} \\ 13 & 14 \\ 20 & 19 \end{array} $	ge, brackets to abutments  L 15 16 E 18 17 F	EMARKS AND ADDITIONAL DENT/ EFECTS AND DISEASES Examinated Pages	
B. ALDINAM WITE CO.	39-IDENTIFYING BO  40, SKIN, LYMPHAT  41 NEUROLOGIC (E  42. PSYCHIATRIC (S  43. PELVIC (Female  44. DENTAL (Place appropriate teeth  (-Nonrestorable teeth  R  1 2 3	s only) (Check how done)  VAGINAL RECT ide symbols above or belo  XX  4 5 6  29 28 27 2	AL Value of upi	per and lower teeth, resp h dentures 10 11 12 4 23 22 21	(Continuity.)  (6 $\overline{X8}$ )—Fixed bridge include  13 14  20 19	ge, brackets to abutments  L 15 16 E 18 17 F	EMARKS AND ADDITIONAL DENT/ EFECTS AND DISEASES Examinated Pages	
C. SUGAR /VEG FSS NEG 02944_70_ NEG	39. IDENTIFYING BO  30. SKIN, LYMPHAT  41. NEUROLOGIC (8  42. PSYCHIATRIC (8  43. PELVIC (Female  44. DENTAL (Place appropriate teeth  1—Nonrestorable teeth  R 1 2 3 G 32 31 30	s only) (Check how done)  VAGINAL RECT. iate symbols abore or below  XX  4 5 6  29 28 27 2	AL Value of upi	per and lower teeth, resp h dentures 10 11 12 4 23 22 21	(Continuity.)  (6 $\overline{X8}$ )—Fixed bridge include  13 14  20 19	ontinue in item 7.  Ige, brackets to abutments  L 15 16 E 18 17 F	EMARKS AND ADDITIONAL DENT/ EFECTS AND DISEASES EXAMITY POST	
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	57. BLC	OD PRESSURE (A	im at heart h	evel)		58.					LSE (Arm a				17.0
}	A. SYS/ Z	PECUM. F	SYS.	STANDING (3 min.)	SYS.	A. SI	TING	) ( B.	AFTER	XERCISE	Ç, 2 MIN. A	FTER , D	RECUMBENT	E. AFTER S	TANDING
	59. DIS	STANT VISION	f = "2 "	60.	·	REFRACT	ION	- ;	(a) (b)	57	61.		NEAR VISIO	4	
	RIGHT 20/70	CORR. TO 20/		BÝ/,	00 \$	phi		, c			12	CORR. TO		BY	
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	62. HETEROPHORIA (S)	ecify distance)	R. H	i <b>.</b>	L H,		PRISM D	DIV.		PRISM C1			PC	PD	
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	73. NOTES (Continued	) AND SIGNIFICAN	IT OR INTERV			4	٠.,	لـــــــــــــــــــــــــــــــــــــ	<u>.</u>		<u>~                                    </u>				
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-	73. RECOMMENDATION TO T	appT	- for	cesa	emen	ren	ns 16	- الم	_		P	<del></del>	L	H E	s
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	77. EXAMINEE (Check)	)						<del>-v</del>							b6
	A. DIS QUALIFIED FO B. IS NOT QU	OR &								'		В.	PHYSICAL CA	TEGORY	b7C
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	78. IF NOT QUALIFIED.	LIST DISQUALIF	YING DEFECTS	BY ITEM NU	MBER						-	^	8	- c	Ε
	79. TYPED OR PRINTED	NAME OF PHYSIC	CIAN					SIG	NATURE			~'-			·
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	81. TYPED OR PRINTE	D NAME OF DENTI	ST OR PHYSIC	IAN (Indicate	which)	•		SIG	NATURE					•	
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	Standard Form 513
	Rev. August 1954
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-	Circular A-32





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CLINICAL RECORD		CONSULTATIO	N. SHEET	•
	REQUEST			***
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CONSULTATION SHEET Standard Form 513 513—104—02

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Standard Form \$13 Rev. August 1954 Bureau of the Budget Circular A-32





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CLINICAL RECORD	CONSULTATION	N SHEET
TRUCTOLOGY	REQUEST FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
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FBI LINITED AUTHORIZATION		CONSULTATION SHI Standard Form 513 51310402
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# Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Nai	me of Examinee	BLAND	JAMES	F.	
	(Type or print)		2431	First	Middle
T'n	e following portions	of the attached ex	amination report form	need not be com	pleted:
	2	9	62	69	
	3	11	65	72	
	4	14	67	76	
	8	17	68		
46.	Is necessary unles	s facilities for aff	ording same are not re	eadily available.	
48.	Not required unles	s examinee is over	35 years of age or ex	kamination indica	ates such is desirable.
49.	Is necessary unles	s facilities for aff	ording same are not re	eadily available.	
71.	and Special Agent	s. Applicants for t	ifforded whenever pos the Special Agent pos either ear in the con	ition will not be	accepted if the hearing
Fo	r All Examinees, Wh	ether Clerical or S	pecial Agent Applica	nts or Employees	<b>3:</b>
Th	e medical examiner	should answer the	following question:		_
	Examinee	is is not	qualified for strenuou	s physical exert	ion.
To	be Answered in the	.Case-of All Male	Employees and Male	Applicants:	
1.			icting or prohibiting hatail the practical use		in defensive tactics and
,	No ☐ Yes If	"yes" please spec	eify defects.	-	
2.	Does examinee hav	e any defects proh	ibiting safe operation	of motor vehicle	s?
	No Yes I	f "yes" please spe	cify defects.	<u> </u>	
3.	least 20/40 in one	eye and 20/100 in		r uncorrected. S	unt vision must test at Should examinee wear cor-
14			or other than above st		basis
•	SA Blandwas a	dvised on 4-8-70	hat It		
	will be necessary for	him to wear corrective		1.7	2011 486-0
	—glasses while driving	(Signature)	25528 km (2)		<del></del>
	1 nomes &	" Bishop			

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Height	Small Frame	Medium Frame:	Large Frame
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5,5,5	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
- 5 <sup>7</sup> 9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	1 146 - 161	155 - 175
5'11"	144' - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163.	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	j 1 188 - 210
6'5"	174 - 185	182 - 202	192 - 216
I consider his prese	veight table, the examinee's show the supervision, employee show	Excessive Deficie	• .
Remarks:	*		b6
			b7C
		or M	edical Examiner



# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee:	JAMES F. BL	AND	
Where Assigned:	Crime Records	Front Offi	
	(Division)	(Section, U	Init)
Official Position	Title and Grade:Inspe	ctor - No. 1 Man, (	GS-17
Rating Period: from	4/1/69	to3/31/7	70
ADJECTIVE RATING	: OUTSI	FANDING nt, Satisfactory, Unsatisfact	Employee's Initials
Rated by:	Thomas E. Bes Signature	Assistant Direct	etor 4/1/70  Date
Reviewed by:	Signature	the Director	4/1/70 Date
Rating Approved by:	Signature. Signature.	Director Title	4/3/70 Date
		REG-136	
	TYPE OF	REPORT 1	1 22 1970
	X Official	Admini	strative
	X Annual	60   90   Tr   Se	-Day -Day ransfer paration from Service secial
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home Address (Number, speet or RFD, city or town, state and ZI	IP Code)	ANNUA		6. DATE OF EXAMINATION
7. SEX. 9. TOTAL YEARS GOVE	RNMENT SERVICE	10. AGENCY	11. ORGANIZATION U	
MILITARY	CIVILIAN			
2. DATE OF BIRTH " # 13. PLACE OF BIRTH	- 	114. NAME, RELATION	SHIP, AND ADDRESS OF I	EXT OF KIN
TI IN MAD		*	_	# ·
1-6-11: 1100				<u> </u>
5. EXAMINING FACILITY OR EXAMINER AND ADDRESS		16. OTHER INFORMA	TION	
1010mc				
7. RATING OR SPECIALTY		TIME IN THIS CAPACI	TY (Total)	LAST SIX MONTHS
<u> </u>				4 4 4
	TES. (Describe ever comment. C	y abnormality in de continue in item 73 :	stail. Enter pertiner and use additional si	nt item number before each neets if necessary,)
NOR- (Check each item in appropriate col- ABNOR- MAL umn; enter "NE" if not evaluated.) MAL	-		34 34 A	
18. HEAD, FACE, NECK, AND SCALP				
/ 19. NOSE.			*	<u>=</u>
ZO, SINUSES			مر. م	
21. MOUTH AND THROAT	· 44 33	- ol llise	ly enlarg	ed Myraid
22. EARS—GENERAL (Int. & est, canals) (Auditory active moder stems 70 and 71)	ادر حر	- office		<i>. [</i> ]:
23. DRUMS (Perforation)	_	geone		
C Z4. EYES GENERAL Wisual acusty and refraction	Č a O			
C 25. OPHTHALMOSCOPIC	0000-			*
26. PUPILS (Equality and reaction)		ii.	1	
27. OCULAR MOTILITY (Associated parallel mose-	11-39-0	Reparid	eccomy s	cor
28, LUNGS AND CHEST (Include breasts)		USULA	$\mathcal{V}$	
29. HEART (Thrust, size, rhythm, sounds)	 - ~~~		·	
30. VASCULAR SYSTEM (Varicosities, etc.)	• • •	RESULTS		<b>4</b> , ,
31. ABDOMEN AND VISCERA (Include hernia)	•	I J J JUCE GM		4
32. ANUS AND RECTUM (Hemorrhoids, fishular)	BESULTS:	16.9	ML.	
33, ENDOCRINE SYSTEM	CA++	5-0 HCT %		÷ ,
34. G-U SYSTEM	INOR PHOS	WEG XI	3	01010
35. UPPER EXTREMITIES (Strength, range of	25 GLU LE BUN	Gueria.	007	86-dlo
/ 36. FEET	LURIC AC	₩EUF-	Think to	1711 193
37. LOWER EXTREMITIES (Except feel) (Strength, range of motion)	ZLACHOL.	BAND	Elo Na	ii 10 1971
38. SPINE, OTHER MUSCULOSKELETAL	<i>42</i> ,⊤.₽.	C PRYMPH	% E	
39 LIDENTIFYING BODY MARKS, SCARS, TATTOOS	4.5ALB	050	E }	
/ 40, SKIN, LYMPHATICS	ZT.BILI.	. 203		
41. NEUROLOGIC (Equilibrium tests under item 72)	SEALK, PHOS.	BASO	%- 1	41.
42. PSYCHIATRIC (Specify any personality deviation)	40scor	моно	s % 1	·
43. PELVIO (L'emales only) (Check how done)	~ n_	C 1 100 11		· 1
VAGINAL TREETALL	7	Colly	x103	
14: DENTAL (Place appropriate symbols, shown in examples, above	or below number of		E) REMARKS	AND ADDITIONAL DENTAL
0 1	4x - x - x		DEFECTS A	ND DISEASES
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R X	<u> </u>	descures 32 31	Wenture Q	200
1 1 2 3 4 5 6 7 8 1 9	-10 11 12	13 14 . 15	16 E	
G 32 31 30 29 28 27 26 25 24	23 22 21	- 20 19 18	17` F	<b>~</b>
	LABORATORY FIN	29 KIO	7*	<del></del>
5. URINALYSIS: A. SPECIFIC GRAVITY /.013	- '-	46. CHEST Y-RAY	Place, date film number	and result)
B. ALBUMIN D. MICROSCOPIC &		215-4	428186	· wire evening
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51. HEIGHT 52. WEIGHT 1 5 153/5	ROWN	SUPERIE SUPERIE	ME AND	55. BUILD	):	is :R 🚁	WEDIU	IM HEAV	OBESE	56. TEMPER	ATURE
57. BLOOD PRESSURE (Arm at heart l	evel).	5	8.		L, + .	PU	ILSE (	Arm at heart ter	a) .	·	1
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59. DISTANT VISION	60.	REF	RACTION			<del></del>	61.	40 ±	NEAR VISION	<u> </u>	:
(RIGHT 20/-4/2) CORR. TO 20/20	BY -1.00.	006	F 1	C	Y		3,	CORR.	TO.	BY	
LEFT 20/ 7() CORR. TO 20/ 2()	lov .	<del>\</del>		C			12	CORR,		BY	<del></del>
62. HETEROPHORIA (Specify distance)	101 -1,00	بيبري	<del></del>	<del></del>	<u>^</u>	<del></del>	N,-				
ES* EX* R.F	ا را الله	, н.	PRISM	DIV.		PRISM C	CONV	•.	PC	PD	
63. ACCOMMODATION	64. COLOR VISIO	H (Test use	d and result	· ·		65. DE	PTH PE	RCEPTION d and score)	UNCORRE	CTED	
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66. FIELD OF VISION O.C.	67. NIGHT VISIO	n (Test used	and score)			68, REI	D LENS	TEST	69. INTR	OCULAR TEN	1mHg > 5.5.5
70. HEARING	71.	. * *-	AUDIOME	TER		<del>-1,</del>	r	72. PSYCHOLO	GICAL AND PSYC		**************************************
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73. NOTES (Continued) AND SIGNIFICANT OR INTERV.	LEFT			J	<u> </u>	<u> </u>	-			· 1	
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74. SUMMARY OF DEFECTS AND DIAGNOSES (List dia				_	· ·					,	
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# 13 - so, alon	ب										
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAM	INATIONS INDICATI	D (Specify)	<u> </u>				<del></del>	76.	A. PHYSICAL P	ROEILE	
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moces.							,		<del>                                     </del>	-	<del> </del>
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\* U. S. GOVERNMENT PRINTING OFFICE

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For All Examinees, Wh	ether Clerical or S	pecial Agent Applica	nts or Employees:	
The medical examiner	should answer the	following question:		
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# Desirable Weight Ranges for Males

Height	! Small Frame	Medium Frame	Large Frame
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5' 5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'92	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	1 158 - 176	169 - 190,
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
46°5"	174 - 185	182 - 202	192 - 216

4.	Examinee's frame is small medium sarge	
5.	Considering above weight table, the examinee's frame, and other individual physical characteristi I consider his present weight Satisfactory Excessive Deficient	cs,
6.	Under proper medical supervision, employee should ilosepounds	
	gainpóunds	
Ro	marks: NONE	
116	b(	

Date





# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

#### REPORT OF PERFORMANCE RATING

Name of Employee:	JAMES F. (BLA	AND	<del></del>
Where Assigned: _	Crime Records (Division)	Front Office (Section, U	Init)
Official Position T	itle and Grade:Ins	spector - No. 1 Man,	GS-17
Rating Period: from	4/1/70	toto	·
ADJECTIVE RATING:		<u>FANDING</u> ent, Satisfactory, Unsatisfacto	Employee's Initials
Rated by:	Thomas E. Re Signature J. P. MOHR	Assistant Director	Date
Reviewed by:	Signature Signature	the Director  Title  Director  Title	4/1/71 Date 4/5/71 Date
•	☑ Official ☑ Annual	€C-146 9 A 60 90 Tr.	Day 971 Day ansfer paration from Service ecial

7 APR 23 1971

April 1, 1971

JAMES F. BLAND
Inspector - GS-17
\$36,000
Number One Man
Front Office
Crime Records Division

Mr. Bland has continued to serve during the rating period as Number One Man in the Crime Records Division. In carrying out his functions, Mr. Bland has performed during the rating period in an outstanding manner. He is completely loyal, industrious, dedicated, procedures. He is meticulous in his handling of paper work, assumes responsibility very easily, and operates with a very bare minimum of which he performs his duties are inspirational to his co-workers and people under his supervision.

Mr. Bland has functioned on the desk of the Assistant Director in the absence of the latter during the rating period and has proven that he is completely capable of handling these functions. He is meticulous in his reviewing of correspondence, has the knack of securing adherence to deadlines, and in his dealings with the news media and the public, including persons on Capitol Hill, he has proven that he can make favorable contacts with them. In his assignment, Mr. Bland make many instant decisions, often during the course of a telephone and outstanding judgment.

He has no physical disabilities limiting his performance, he is available for any type of assignment, and he is considered to be a distinct asset to the Division who is worthy of the rating of Outstanding.

HUST

April 20, 1971

PERSONAL

Mr. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Bland:

I am very pleased to advise that you have merited an Outstanding performance rating in recognition of your valuable services for the period April 1, 1970, to March 31, 1971. There is enclosed a rating, which you may retain.

Also, I have approved an incentive award for you in the amount of \$450.00 as the result of the splendid fashion in which you have performed your responsibilities during the past year. A check which represents this award is enclosed. I want you to know that your dedicated and highly skillful efforts are most appreciated.

MAILED 12
APR 2 0 197

Sincerely,

J. Edgar Hoover

Enclosures (2)

1 - Mr. Bishop (Personal Attention) Enclosure

66 b7C

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it. Inform employee net amount of check represents this award less withholding tax.

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Sullivan			
Mohr	1 - Mrs.	(and Bridges)	
Bishop		(Sent Direct)	
Brennan, C.D.	JAB:sma // (	5) 67-200486	A -i
Callahan AP	ondismas in (	<i>3)</i> 01-200480	Awar
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OFTIONAL FOLK NO. 10 MAY 1962 EDITION GSA GEN, REG. NO. 27 UNITED STATES GOVERNMENT Memorandum: Mr. Tolson DATE: 4/14/71b7C Rosen Tavel<sup>\*</sup> Mr. Mohr Soyars Tele. Room Holmes SUBJECT: JAMES F. BLAND Number One Man - Inspector Crime Records Division OUTSTANDING ANNUAL PERFORMANCE RATING There is attached for approval the annual performance report for Mr. Bland in which his services have been rated Outstanding for the period April 1, 1970, to March 31, 1971. I have signed this rating as the Reviewing Official. In the event you approve this rating, it is respectfully requested that the Director sign the original as the Approving Official. After approval of the rating, Mr. Bland will be furnished a copy of his rating. He will also be entitled to a cash incentive award under the provisions of the Incentive Award Plan. Mr. Bland will be entitled to an award in the amount of \$450 as in the past. RECOMMENDATION: **REC-137** Searched. That the Director, as Approving Official, sign 4th & attached 971 Outstanding performance rating for Mr. Bland and that he be furnished a copy of his rating and afforded an incentive award of \$450.

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FROM

August 25, 1971

PERSONAL

Mr. James F. Bland Federal Bureau of Investigation Washington, D. C.

Dear Bland:

This date marks your Thirtieth Anniversary with the Federal Bureau of Investigation and it is a pleasure to present your Thirty-Year Service Award Key in recognition of your years of devoted service.

On this occasion it is gratifying to note the fine manner in which you have performed your duties. Through your efforts and those of your associates we have achieved our present position in the law enforcement field. The progress of our organization will be assured through the continued interest, enthusiasm and cooperation which have been so typical of the personnel of the Bureau.

I hope that this Key will, in days to come, recall many pleasant memories of your association with the Bureau.

With best wishes and kindest personal regards,

Lab	Sincerely,		
Tolson	J. EDGAR HOOVER MAAA	¥	b6 - b7c -
Sullivan Mohr Blshop Brennan C.D.	Enclosure	4	<i>.</i> /
Callahan Casper Conrad	(1 - Mr. Bishop (Personal Attention)	ME	(270)
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Walters Soyars Tele, Room	Based on memo Callahan-Mohr on 6-4-771, LDH:lgg.	DATE BY	8-25-71 Per Diesers
Holmes Gandy Mr. Beqver	MAIL ROOM RELETYPE UNIT		20

### $\dot{M}$ emorandum

TO Mr. Callahan

DATE: 8-24-71

Tolson \_

Sullivan Mohr \_\_\_

Bishop

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Gandy

FROM H. N. Bassett A. T. B. F. F.

SA JAMES F. BLAND

SUBJECT: Inspector and #1 Man

Crime Records Division

EOD 8-25-41; GS-17, \$36,000

Age 54, Married, 4 Children

Mr. Bland celebrates his 30th Anniversary of continuous Bureau service on August 25, 1971. The following is a summary of his record for the Director's use.

He entered on duty as an Agent on 8-25-41, and had field assignment to Newark, New York, and St. Louis prior to transferring to the Seat of Government where he reported to the Domestic Intelligence Division on 10-30-50. He served as Supervisor on Communist Front matters, as Supervisor-in-Charge of that desk and on 4-7-53, was designated #1 Man of the Internal Security Section. While in that capacity, on 8-23-55, he was designated Section Chief of the Subversive Control Section, Domestic Intelligence Division. He held that position twelve years. On 8-31-67, he reported to the Crime Records Division as #1 Man. Shortly thereafter, on 9-5-67, the Director saw him and stated he made an excellent personal appearance, seemed to be intensely interested in his new assignment and rated him above average. On 8-27-68, he was promoted to Grade GS-17 as an Inspector. His current salary is \$36,000 per annum. He is the Inspector and #1 Man to Assistant Director Bishop, Crime Records Division. REC-140

Since his last meeting with the Director of Symphosis Mr. Bland has been COMMENDED on 4 occasions, the most recent of 1-21-70, for his services as President of the FBIRA during the 1971 past year. He has been CENSURED once 11-29-68, inasmuch as heapproved an individual to handle tours who was not suitable for such assignment. He has been rated OUTSTANDING on his 1968, 1969, 1970, and 1971 annual performance reports. Following his 1968 report he received an INCENTIVE AWARD of \$450 which recognized his services during the past year. Following his 1971 report he received an INCENTIVE AWARD of \$450 for the splendid fashion in which he had performed his responsibilities during the past year.

He received his 25-YEAR SERVICE AWARD KEY by letter dated 8-25-66. On 8-23-68, 8-25-69, and 8-25-70, the Director sent Congratulatory letters on Mr. Bland's 27th, 28th, and 29th Anniversaries in the FBI. He is in his office of preference, the Seat of Government.

ENCLOSURES - 2 (Photograph & Cover Page of Permanent Brief)

LLD:mak (2)

(OVER)

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Memo H. N. Bassett to Mr. Callahan

RE: SA JAMES F. BLAND
Inspector and #1 Man
Crime Records Division

DURING THE LAST INSPECTION OF THE CRIME RECORDS DIVISION JULY 6-21, 1970, Assistant Director W. M. Felt stated he made an excellent appearance, was mature, had a friendly, effective personality and was an aggressive administrator. He had demonstrated ability to effectively deal with the news media. Recommended Mr. Bland be continued in his present position. The various functions of the Division were rated as follows:

PHYSICAL CONDITION AND MAINTENANCE. VERYGGOOD SPECIFIC DIVISION OPERATIONS. FAIR ADMINISTRATIVE OPERATIONS. VERYGOOD PERSONNEL MATTERS. VERY GOOD CONTACTS. EXCELLENT

Specific Division Operations was rated "FAIR" in view of year-end accomplishments press release issued 7-14-70, which contained a statement that could be construed as partisan political position on the part of the Director.

On 3-2-71, Mr. Bland sent a letter to Senator George McGovern strongly protesting his remarks criticizing the administration of the FBI, reportedly based on an anonymous letter from ten Agents of the FBI. By letter 3-4-71, the Director told Mr. Bland his letter was certainly a strong denunciation of the Senator's critical remarks and he was grateful for his loyalty and support. In a letter dated 4-21-71, thanking the Director for the Outstanding Rating 3-31-71 and Incentive Award he received on 4-20-71, Mr. Bland again affirmed that he was with the Director 100 percent. By letter 4-22-71, the Director thanked him for his support.

Standard Form 88 Revised April 1968
General Services Administration
Interaction Comm. on Medical Records
FFMR, 21-11.809-3 REPORT OF MEDICAL 2. GRADE AND COMPONENT OR POSITION ST NAME FIRST NAME-MIDDLE VAME 4. HOME ADDRESS (Number street or RFD, city or town, State and ZIP Code) 5. PURPOSE OF EXAMINATION 4NN WAL 7. SEY 8. RACE 9. TOTAL YEARS GOVERNMENT SERVICE CIVILIAN 12. DATE OF BIRTH 13. PLACE OF BIRTH 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN EXAMINING FACILITY OR EXAMINER, AND ADDRESS 16. OTHER INFORMATION 17. RATING OR SPECIALTY TIME IN THIS CAPACITY (Total) LAST SIX MONTHS (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
RESULIS CLINICAL EVALUATION NOTES. (Check each item in appropriate col-umn; enter "NE" it not evaluated ) HGBGMS 18. HEAD, FACE, NECK AND SCALP 19. NOSE HCT % 20, SINUSES WBC X103 21. MOUTH AND THROAT 22. EARS-GENERAL (Int. & est, canals) (Auditory acusty under stems 70 and 71) NEUT % 23. DRUMS (Perforation) BAND % 24. EYES-GENERAL (Visual acuity and refraction under items 59, 60 and 67) LYMPH % 25. OPHTHALMOSCOPIC EOS % 26. PUPILS (Equality and reaction) 27. OCULAR MOTILITY (Associated parallel more-BASO % 28. LUNGS AND CHEST (Include breasts) 67-2004862-271 MONOS % 29. HEART (Thrust, size, rhythm, sounds) PLATELET X103 30. VASCULAR SYSTEM (Varicosities, etc.) 31. ABDOMEN AND VISCERA (Include hernia) 32. ANUS AND RECTUM (Hemorrhoids, fistular) (Prostate, of andicated) RESULIS 33. ENDOCRINE SYSTEM 23<sub>CA++</sub> Secretard 34. G-U SYSTEM SKINOR PHO 35. UPPER EXTREMITIES (Strength, range of <del>:://</del>1007 36. FEET Z BÙN 2 URIC ACI. 37. LOWER EXTREMITIES (Except feet)
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2/5-44\_8/62 45. URINALYSIS: A. SPECIFIC GRAVITY B. ALBUMIN D. MICROSCOPIC C. SUGAR 47. SEROLOGY (Specify test used and result) 49. BLOOD TYPE AND RH FACTOR 88-116

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# Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner.

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	Desirable Weight Ranges for Males									
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5'6"	124 - 133	130 - 143	138 - 157							
5'7"	128 - 137	134 - 148	143 - 162							
5'8"	132 - 141	138 - 152	1 147 - 166							
5'9"	136 - 146	142 - 156	151 - 170							
5'10"	i. 1 140 - 150	ı, 1 146 - 161	155 - 175							
5'11"	144 - 154	150 - 166	160 - 180							
6'	148 - 158	154 - 171	. 164 - 185							
6'1"	152 - 163	158 - 176	169 - 190							
6'2"	156 - 167	163 - 181	174 - 195							
6'3"	160 - 171	168 - 186	178 - 200							
6'4"	169 - 180	178 - 196	188 - 210							
6'5"	174 - 185	182 - 202	192 - 216							
	small medium weight table, the examinee's f nt weight Satisfactory									
. Under proper medical supervision, employee should lose pounds										

4. Examinee's fra	me is small	medium	Large		
5. Considering ab	ove weight table, the present weight	he.examinee's Satisfactory	frame, and other Excessive	r individual physical cha Deficient	racteristics,
6. Under proper m	edical supervision,	employee sho	uld 🔲 lose 📖	pounds	
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Signature of Medical Examiner



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# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

#### REPORT OF PERFORMANCE RATING

Name of Employee:	IAMES F. BLAND		<del></del>
Where Assigned:C1	(Division)	Front Office (Section, Unit)	<del></del>
Official Position Title and	Grade: Inspector - N	Io. 1 Man, GS-	17
Rating Period: from	4/1/71	to3/31/72	
ADJECTIVE RATING:	OUTSTANDII Outstanding, Excellent, Sa		Employee's Initials
Rated by:	mes & Besko	esistant Director	4/3/72 Date
Reviewed by:	Signature A	Deputy ssociate Director	4/3/72 Date
Rating Approved by:	Signature D	rector Title	4/3/72 Date
TYPE OF REPORT  Official  Annual	Administrative  60-Day  90-Day  Transfer  Separation from Service  Special	5 APR	6 1972

APR 12 1972

THÈEE

April 3, 1972

JAMES F. BLAND Inspector - GS-17 \$36,000 Number One Man Front Office Crime Records Division

During the rating period, Mr. Bland has continued to serve as No. 1 Man in the Crime Records Division. During this period Mr. Bland has performed his functions in an outstanding manner. His loyalty to the Bureau is unquestioned, he is extremely industrious, dedicated and has an outstanding knowledge of Bureau rules, regulations and procedures. He is meticulous in the handling of paperwork, operates with a very bare minimum of supervision, and accepts responsibility easily. He has the knack of inspiring his co-workers and people under his supervision, which he does through the enthusiastic and dedicated manner in which he performs his own responsibilities.

In the absence of the Assistant Director, Mr. Bland has functioned on the desk of the latter during the rating period and has proven to be completely capable of handling these duties. He secures adherence to deadlines, is meticulous in his review of correspondence, and has proven that he can make favorable contacts with the news media, the public and persons on Capitol Hill. While Mr. Bland's assignment requires that he be subjected to a great deal of pressure, as well as the making of instantaneous decisions, he has performed his assignment with coolness, dispatch and outstanding judgment. He has no physical disabilities limiting his performance and he is available for any type of assignment.

He is considered to be a distinct asset to the Division and he is worthy of the rating of "Outstanding."

April 5, 1972 PERSONAL

Mr. James F./Bland Federal Bureau of Investigation Washington, D. C.

Dear Bland:

I am taking this occasion to advise that you have been afforded an Outstanding performance rating covering your services for the period April 1, 1971, to March 31, 1972. A copy of this rating, which you may retain, is enclosed.

It is also a pleasure to advise that in recognition of your continued superior performance I have approved an incentive award for you in the amount of \$450.00 and a check representing this award is enclosed. Your loyalty and devotion to the work of the Bureau have been exceptional and I am deeply appreciative.

MALLED 8 FK6-1972 FBI

Sincerely,

J. Edgar Hoover

Tolson

Rosen .

Casper

Dalbey Cleveland Ponder. Bates

Waikart Walters Soyars Holmes .

Mohr . Bishop Miller, E.S. Callahan .

Felt. Campbell'. Enclosures (2)

1 - Mr. Bishop (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it. Inform employee net amount of check represents this award less withholding tax.

I - Mrs. [ (Sent Direct)

b7C

JMP:tjr

67-200486

Award #1060-72

Based on memo J. P. Mohr - Tolson 4-3-72.

Salutation per file.

TELETYPE UNIT

MAIL ROOM

PEPORT OF MEDICAL EXAMINATION Standard Form 88 Revised April 1968 General Services Administration Interagency 6 mm. on Medical Records FPMR 101-71,809-3 IDENTIFONEDN NO. ICLAST NAME-FIRST NAME-MIDDLE NAME HMES 4. HOME ADDRESS (Number street or RFD, city or town, State and ZIP Code) 7. SEX 8. RACE 9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN 12. DATE OF BIRTH 13. PLACE OF BIRTH 5 6-17 EXAMINING FACILITY OR EXAMINER, AND ADDRESS 16. OTHER INFORMATION NN.M.C 17. RATING OR SPECIALTY TIME IN THIS CAPACITY (Total) LAST SIX MONTHS NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.) CLINICAL EVALUATION (Check each item in appropriate col-umn; enter "NE" if not evaluated ) ABNOR-18. HEAD, FACE, NECK. AND SCALP 19. NOSE 20. SINUSES 48 16.2 Unea-N -19 21. MOUTH AND THROAT 22. EARS-GENERAL (Int. & est. canals) (Auditory 23. DRUMS (Perforation) 6.0 W.B.C. 24. EYES—GENERAL (Visual oculty and refraction NEUTS 53 25. OPHTHALMOSCOPIC 26. PUPILS (Equality and reaction) BANd 27, OCULAR MOTILITY (Associated parallel mose ments, nystagmus) Lymph 28. LUNGS AND CHEST (Include breasts) mon 0 29. HEART (Thrust, size, rhythm, sounds) £05 30. VASCULAR SYSTEM (Varicosities, etc.) MATERETS ORE. 31. ABDOMEN AND VISCERA (Include hernia). 32. ANUS AND RECTUM (Hemorrhoids, Astular) (Prostate, of indicated) 33. ENDOCRINE SYSTEM 34. G-U SYSTEM FEB 2 1973 35. UPPER EXTREMITIES (Strength, range of 36. FEET 37. LOWER EXTREMITIES (Except feet) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS 40, SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium teste under item 72) 42. PSYCHIATRIC (Specify any personality deviation) 43. PELVIC (Females only) (Check how done) □VAGINAL □RECTAL (Continue in item 73) REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES 44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.) Fixed 3 Partial Non- ( restorable. Replaced by 3\* Restorable teeth damiures 13 denture: ClossI Xٍ 餡 15 22 21 20 18 27. -19 MCDLABORATORY FINDINGS 45. URINALYSIS: A. SPECIFIC GRAVITY 46. CHEST X-RAY (Place, date, film number and result) 12005 B. ALBUMIN D. MICROSCOPIC 15-44-8102 C, SUGAR 47. SEROLOGY (Specify test user and result). 49. BLOOD TOPE AND RH

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DESIRABLE WEIGHT RANGES									
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5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118.	104 - 128	112 - 141		
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144		
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149		
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152		
<u>8'9")</u>	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156		
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161		
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165		
6'.	148 - 174	154 - 188	164 - 204	5'.8"	: 122 - 144	128:- 157:	137 - 169		
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cal Examiner

Date

MEDICAL REPORTS

Personnel File of: Bland Fames F

Personnel File No.

Ret 26-73

7-NOT DED
5 JAN 29 1973
67-NOT LANGE 3

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CLINICAL RECURD   ELECTROCARDIOGRAPHIC RECORD   YES   NO CLINICAL IMPRESSION   MEDICATION   EMERGENCY   BED   ROUTINE   AMBU	Circular A-32	<del></del>		PREVIOUS ECO	
EMERGENCY   BED   ROUTINE   AMBU  AGE   SEX   RACE   HEIGHT   WEIGHT   B. P.   SIGNATURE OF WARD PHYSICIAN   5/21/63    RHYTHM   AXIS DEVIATION (QRS)   RATES   30   AURIC.   VENT.    P WAVES   NOrmal    RS-T SEGMENT   T WAVES   NOrmal   NOrmal    T WAVES   NOrmal    T WAVES   NOrmal    T WAVES   NOrmal    T WAVES   NOrmal    T WAVES   NOrmal    T WAVES   NORMAL	CLINICAL RECORD	ELECT	ROCARDIOGRAPHIC RECORD	1	
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SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

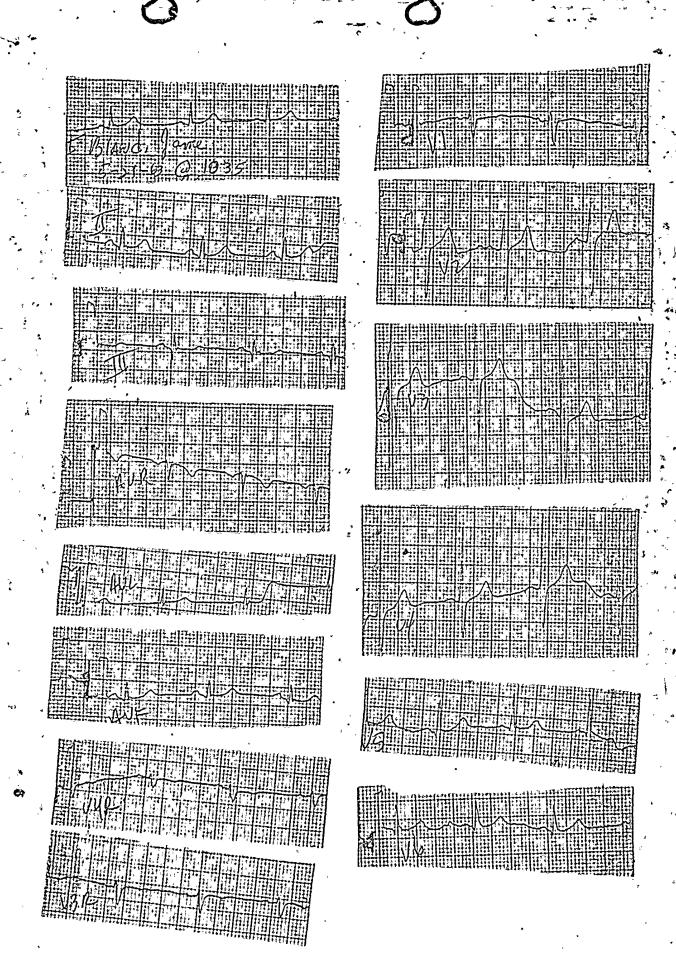
1. Within normal limits

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(Continue on reverse) NO. TITLE SIGNATIA LCDR MCUSNR PATIENT'S IDENTIFICATION (For field or written entries are: Name-last, first, middle; grade; date; hospital or medical facility)

BLAND JAMES FBI REGISTER NO. ELECTROCARDIOGRAPHIC RECORD

Standard Form 520 520-104



#### REPORT OF MEDICAL HISTORY

U.S. Civil Service Employees and Applicants

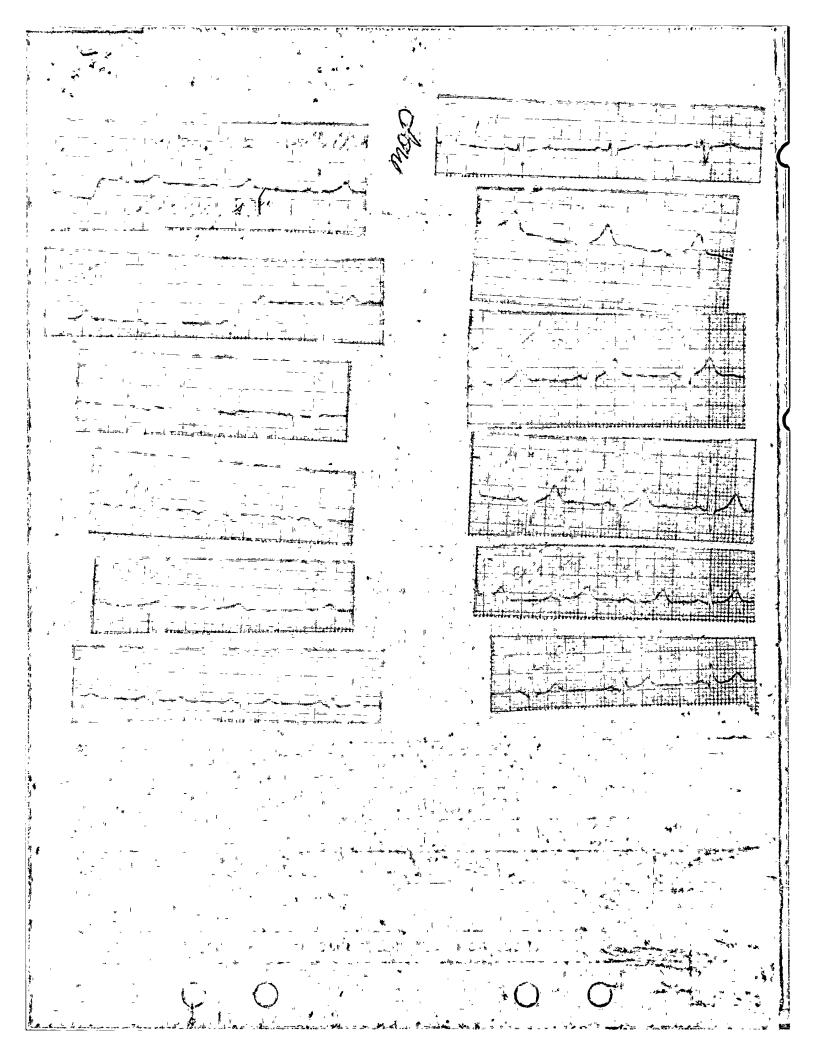
BLAND, JAMES F.				•			•	inspector 3211				3. SOCIAL SECURITY NUMBER 215 44 810	
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,	5/6/	/17 ·	Missouri Missouri	] 	٠		) (	- }	-		-	<u>.</u>	
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- ; [	X	31	SCÄRLET FEYER, ERÝSÍPELAS <sup>†</sup>	1 2 2	X	(``	ASTHMA -	, ,	* *	"No.	X	7 47	RÉCENT GAIN OR LOSS OF WEIGHT -
	X		DIPHTHERIA		$\mathbf{x}$	,,,	SHORTNESS	OF BREATH			$\mathbf{x}$		'ARTHRITIS OR RHEUMATISM
	$\mathbf{x}$	٠,	RHEUMATIC FEVER	,	$\mathbf{x}_{-}$		PAIN OR P	ESSURE IN	CKEST		$\mathbf{x}$		BONE, JOINT, OR OTHER DEFORMITY
	X	<u> </u>	SWOLLEN OR PAINFUL JOINTS	;	· x		CHRONIC CO	XVGH ·			x		LÄMENESS : いっぱいだい
	_X,		MUMPS		X		PALPITATIO	N OR POUNC	DING HEART	, ,	X	\	LOSS OF ARM LEG, FINGER, OR TOE
	<b>'X</b> '	*:	COLOR BLINDNESS		x	N	HIGH OR LE	M BLOOD I	PRESSURE		X	, ,,,	PAINFUL OR "TRICK" SHOULDER OR ELBOY
	X		FREQUENT OR SEVERE HEADACHE		<u> </u>	· . , ,	CRÂNPS ÌJÎ	YOUR LEGS		, ` <u>`</u>	Lx.		RECURRENT BACK PAIN
	X		DIZZINESS OR FAINTING SPELLS		x_			NDIGESTION		<u> </u>	X		"TRICK" OR LOCKED KHEE
$\bot$	X		EYE TROUBLE	_	x		STOMACH, OR INTEST	LIVER, INAL TROUB	ILE		x	1	FOOT TROUBLE ~
	X_		EAR, NOSE, OR THROAT TROUBLE	1	X		GYLL STYDO	ER TROUBLE	OR GALLSTONES	1	X		NEURITIS
_	_x	, ,	RUNNING EARS	<u>.                                     </u>	x_	1	JAUNDICE				Lx_	1	PARALYSIS (Inc. infantile)
.	_X_		HEARING LOSS	_	<u> </u>		DRUG, OR	MEDICINE X REACTION	t TO SERUM,	<u> </u>	_x_	: 1 -	EPILEPSY OR FITS
	X		CHRONIC OR FREQUENT COLDS		X_		BROKEN BO	NES `	4	4	X	<u> </u>	CAR, TRAIN, SEA, OR AIR SICKNESS
	X_		SEVERE TOOTH OR GUM TROUBLE		x_	1			T, OR CANCER =	-	, X	ļ	FREQUENT TROUBLE SLEEPING
	X.	,	SINUSITIS	<u>.                                     </u>	X	<u>  </u>	RUPTURE/	IERNIA		<u> </u>	X	<u> </u>	FREQUENT OR TERRIFYING NIGHTMARES
	X		KAY FEYER	x	1	<u> </u>	APPENDICIT	15	····		X_		DEPRESSION OR EXCESSIVE WORRY
	·x	·	HEAD INJURY	x	<u> </u>	1-	PILES OR I	ECTAL DISEA	UE .	<u> </u>	LX.	<u> </u>	-LOSS OF MEMORY OR AMMESIA
	X	**	SKIN DISEASES		X	,	FREQUENT	OR PAINFUL	URINATION		X	<u> </u>	- NERYOUS TROUBLE OF ANY SORT
			GOLTER	X	<u>'</u>	-	KIDNEY STO	NE OR ELO	earvel_		X		ANY DRUG OR NARCOTIC HABIT
			TUBERCULOSIS		X	<u> </u>	SUGAR OR	ALEUMIN IN	URINE		<u>x</u>	<u> </u>	EXCESSIVE DRINKING HABIT
- 1			SOAKING SWEATS (Night swea	is)	х		BOILS				Х		PERIODS OF UNCONSCIOUSNESS
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, YES	, KO		S OR MO. EYERY	ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLA	NK SPACE ON RIGHT
	~~	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF:		# # # # # # # # # # # # # # # # # # #	
	X	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	<u>"</u>	_	•
	x_	B. I INABILITY TO PERFORM CERTAIN MOTIONS		tr	
	x	C. INABILITY TO ASSUME CERTAIN POSITIONS	<u>'</u> '		ij <u>***</u> ; " <sup>*</sup> **
	1X.	D. OTRER MEDICAL REASONS (If yes, give reasons)	آ-يي[		
		23. HAYE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?	], 4 .	, · · · · · · · · · · · · · · · · · · ·	1 70 4 E/ = - Mg/
	X	Tork and	25.	Annendectomy (1920	0) age 3; Tonsillectomy,
	. 1	24. HAYE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, "1"	,20.		
-	X	state reason and give details)			ectomy; age 20; Ruptured
		25, HAYE YOU HAD, OR HAYE YOU BEEN ADVISED TO HAYE,	1	disc, age 43	
X		ANY OPERATIONS? (If yes, describe and give:	: S	· - · -	-4 +- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL?	26.	Broken leg. Missou	ıri Methodist Hospital, St.
		(If yes, specify when, where, why, and name of doctor and complete address of	* -	Joseph, Missouri,	
X		hospital)	,	Torgillostomic Mig	souri Method. Hospital
<u> </u>	<del> </del>	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN	1		
	x	THOSE ALREADY NOTED? (If yes, specify when,		St. Joseph, Missou	ri, age 18
-		where, and give details)	4	Hemorrhoidectomy,	Presbyterian Hospital,
		28- HAYE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN		Chicago, Illinois, a	
		THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor,			al, Bethesda, Md. rupture
X	Ì	hospital, clinic, and details)			logy consult-sigmoidoscop
<u>~</u>			4	Monch and Cont 10	64 amoli nolun nomovod
		29. HAVE YOU EYER BEEN-REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS?		waren and sept 19	64, small polyp removed
	x	(If yes, give date and reason for rejection)	į	from rectum Marc	ch, 1964; Family Doctor
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-		30, HAVE YOU EYER BEEN DISCHARGED FROM MILIYARY SERVICE (*) BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? "(If	1	, Md.	minor colds
-	r -	= yes, give date, reason, and type of dis-	.   -		•
	. ,	charge: whether honorable; other thank honorable, for unfitness or unsuitability)	- 90	- see 26	
	x		40.	- See 20	- μ p D0
		31. HAVE YOU EVER RECEIVED, IS THERE PENDING AOR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXIST-		in any	D// C
_ :	_	ING DISABILITY? (If yes, specify what kind,	,		<u> </u>
		granted by whom, and what amount, when, why)-			÷ jiu
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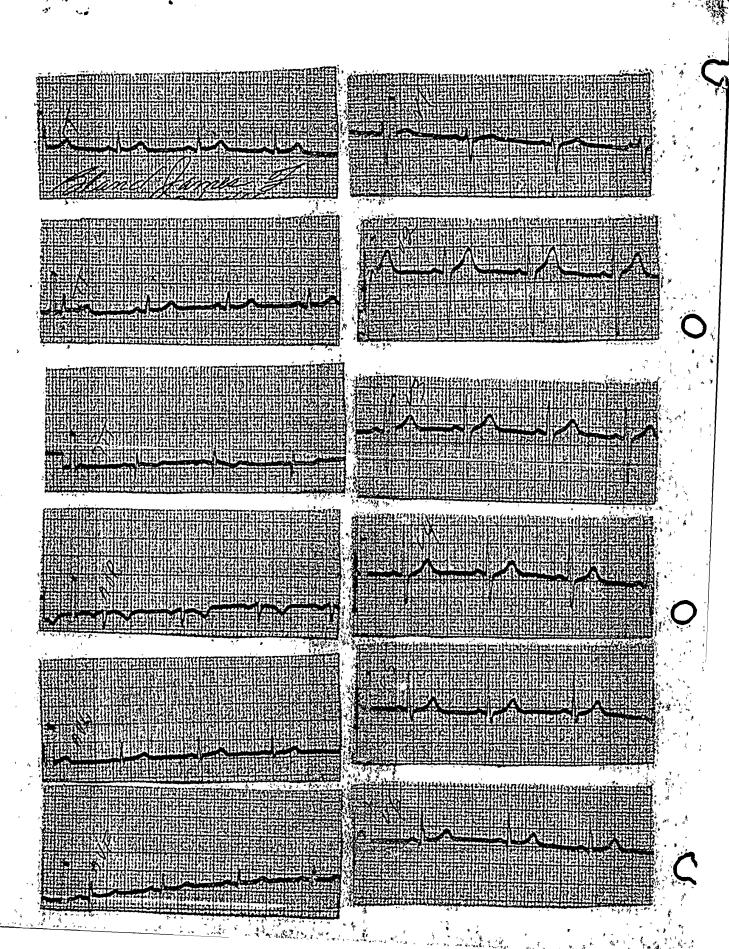
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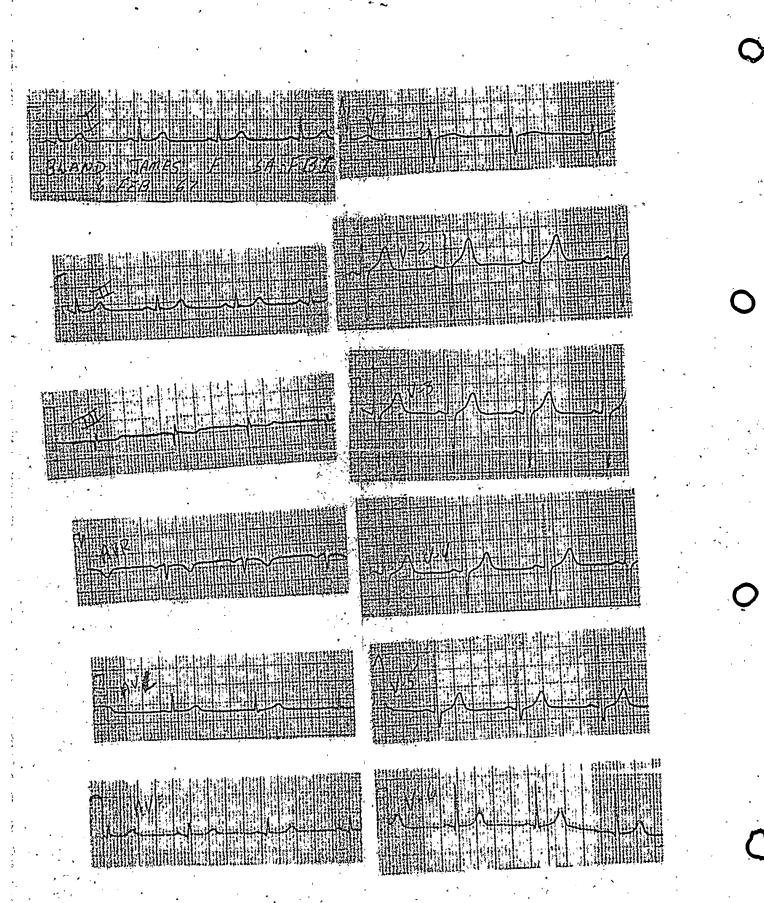
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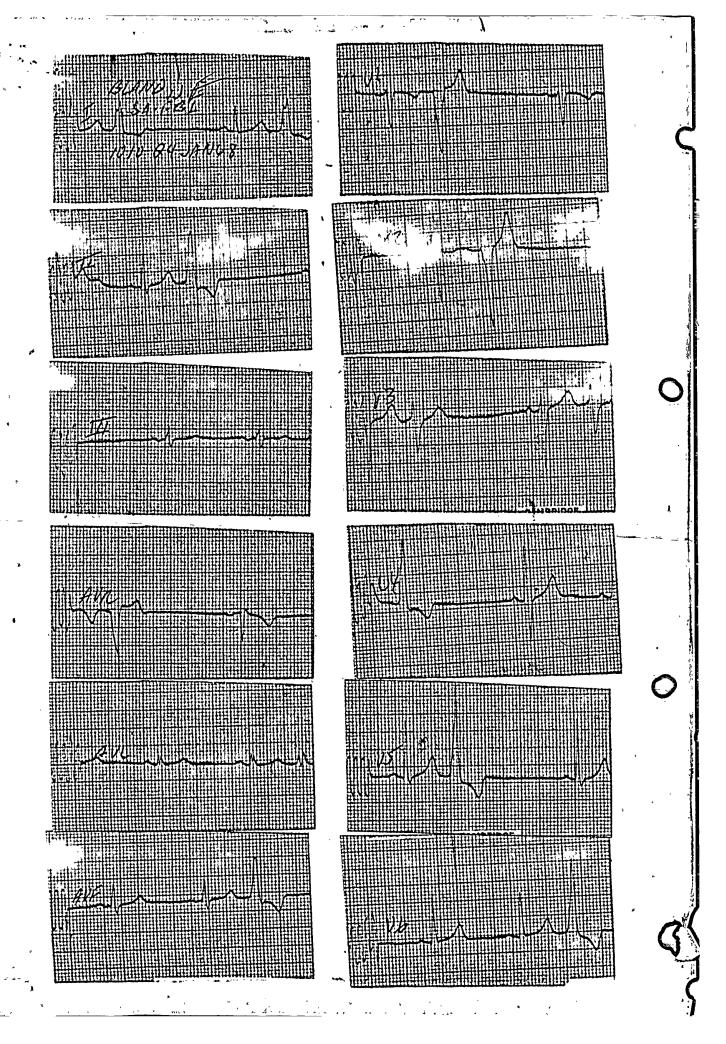
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SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

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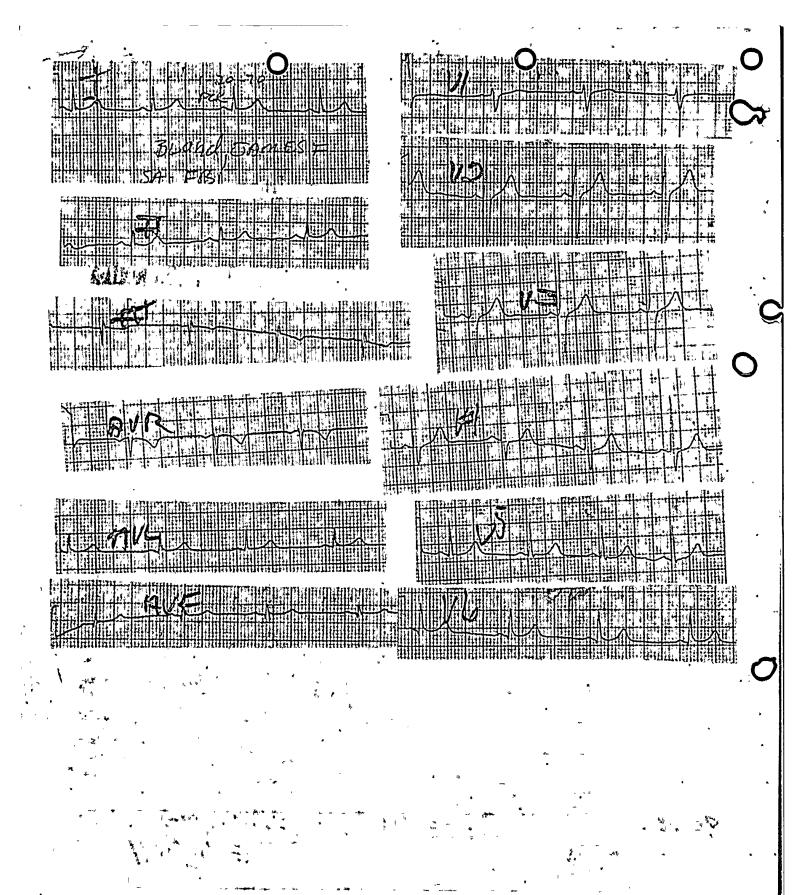
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BLAND, JAMES F. S.A. - FBI NNMe

ELECTROCARDIOGRAPHIC RECORD Standard Form 520

Standard Form 520
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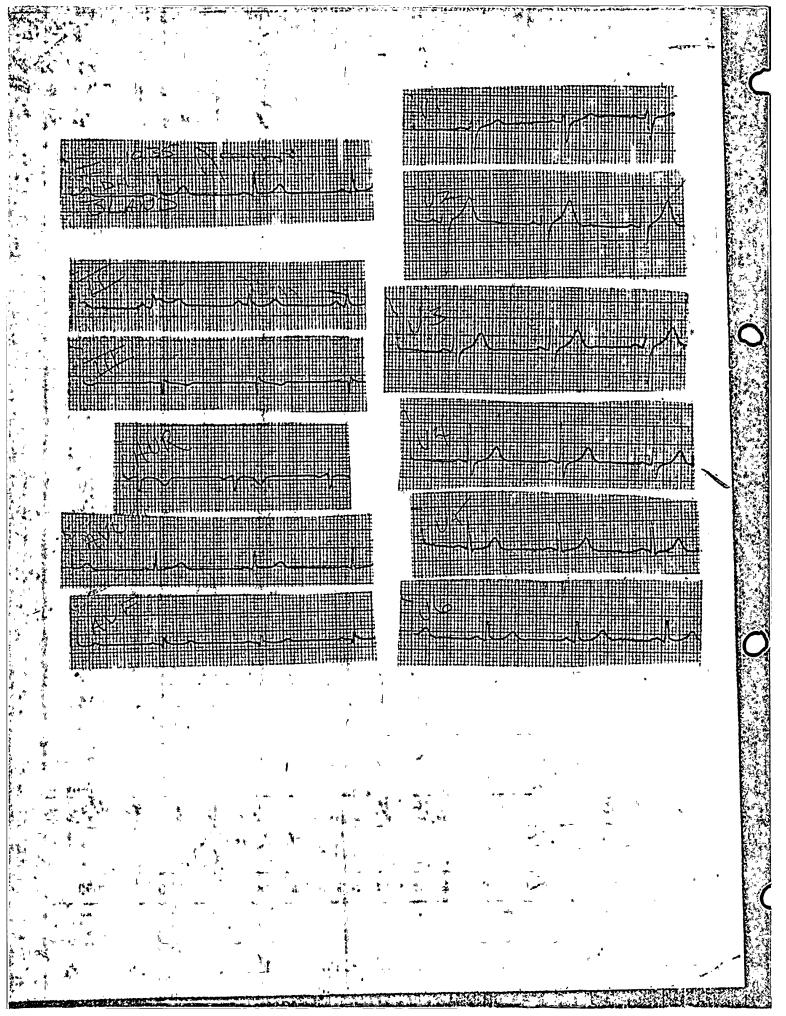
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. Standard Form 520 Rev. August 1954 Bureau of the Budget Circular A-32 # U'S GOVERNMENT PRINTING OFFICE 1941 O- 58904F CLINICAL RECORD ELECTROCARDIOGRAPHIC RECORD MEDICATION CLINICAL IMPRESSION EMERGENCY BEDSIDE OUT IN E ROUTINE MBULANT AN RATES XIS DEVIATION (ORS) AURIC. VENT. P WAVES INTERVALS b6 QRS PR QRS COMPLEXES T WAVES RS-T SEGMENT UNIPOLAR EXTREMITY LEADS (Specify) PRECORDIAL LEADS (Specify) SUMMARY, SERIAL CHANGES, AND IMPLICATIONS: (Continue on reverse) TITLE SIGN NO. ECG live: Namo-last, first, or medical facility) PATIENT'S IDENTIFICATION (For middle

BLAND JAMES INSPECTOR

FLECTROCARDIOGRAPHIC RECORD Standard Form \$20



Standard Form 520
Rey August 1954 Bureau of the Budget Circular A-32
Circular A-32





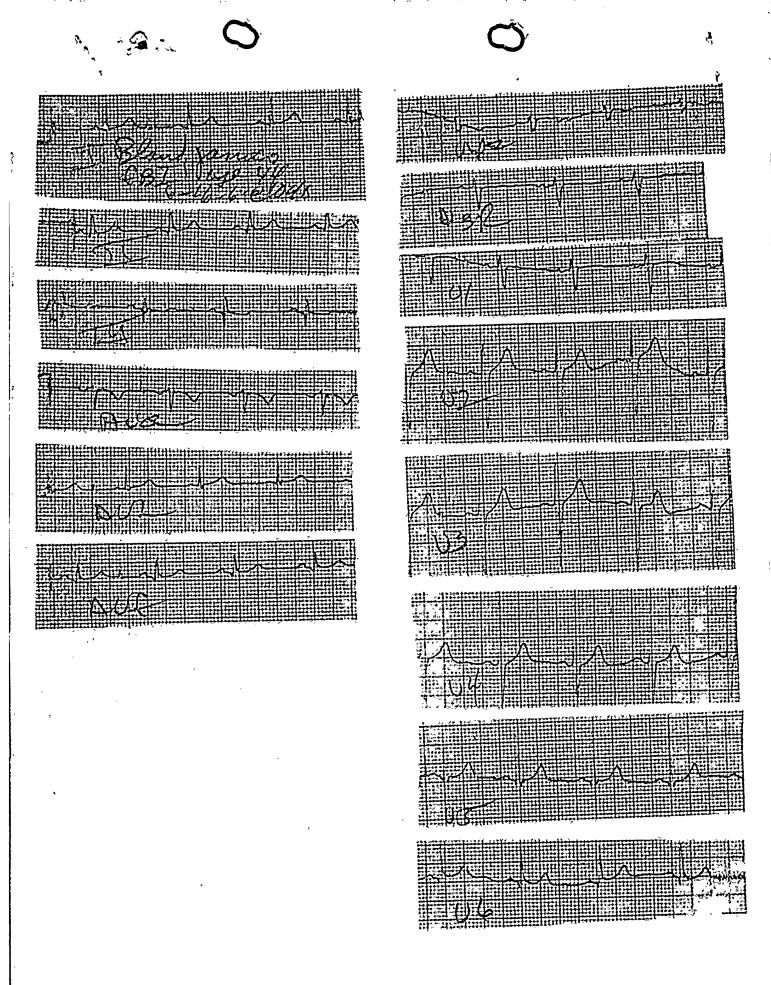


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BLAND JAMES FBI USNH NNMC BETHESDA, LD. ELECTROCARDIOGRAPHIC RECORD

Standard Form 520 520–103

(Attach tracings to S. F. 507)



Standard Form 520	
Rev. August 1954 Promulgated	
By Bureau of the Budget	







CLINICAL RECORD	ELECTR	OCARDIOGI	RAPHIC RECORD	PREVIOUS ECO	, По			
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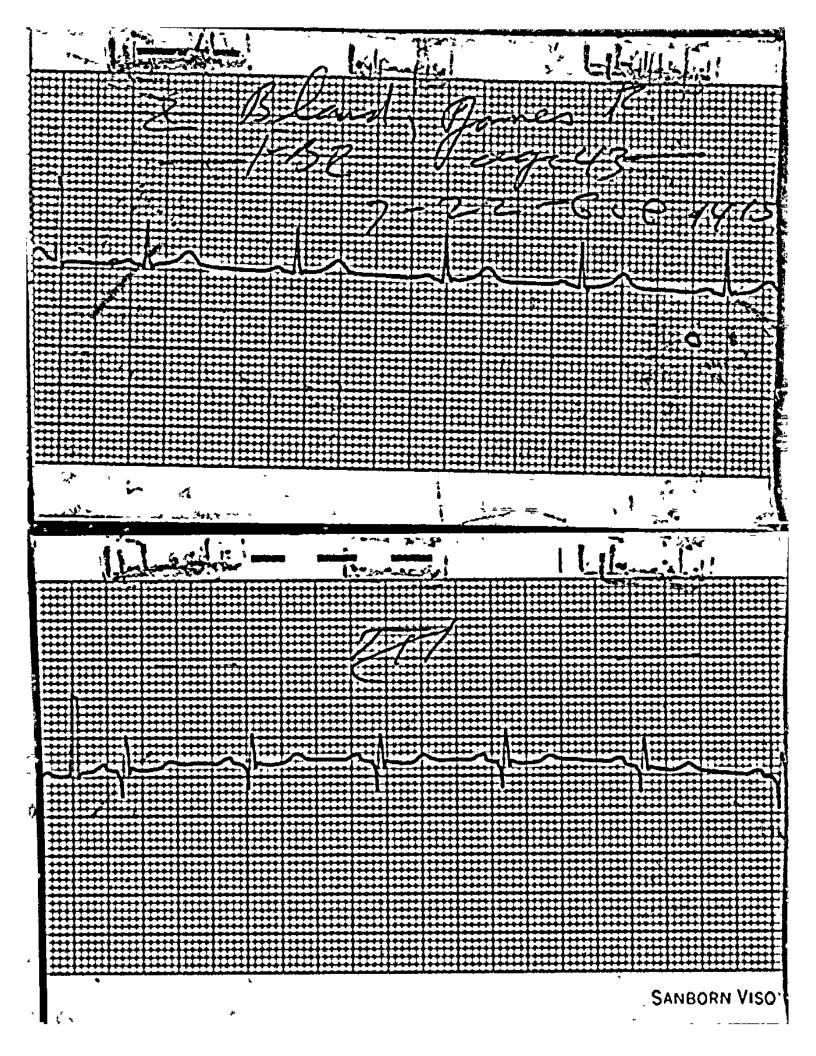
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

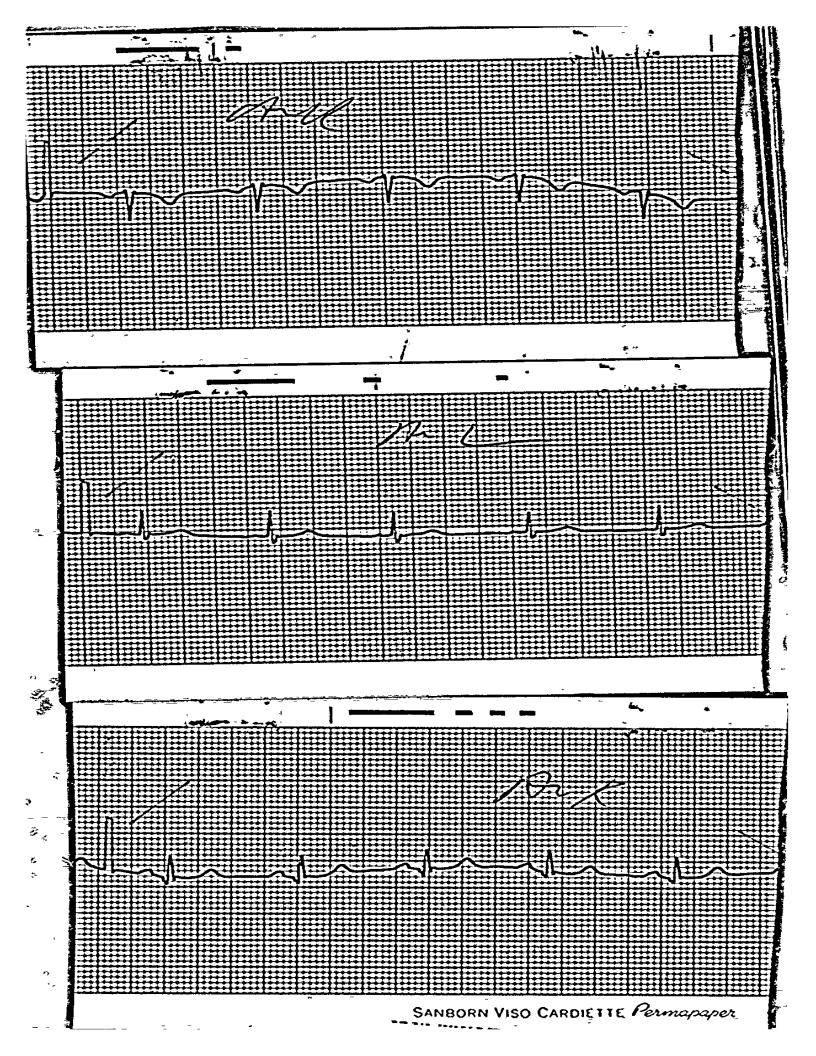
- 1. WITHIN NORMAL LIMITS.
- 2. NO SIGNIFICANT CHANGE SINCE 8-11-59.

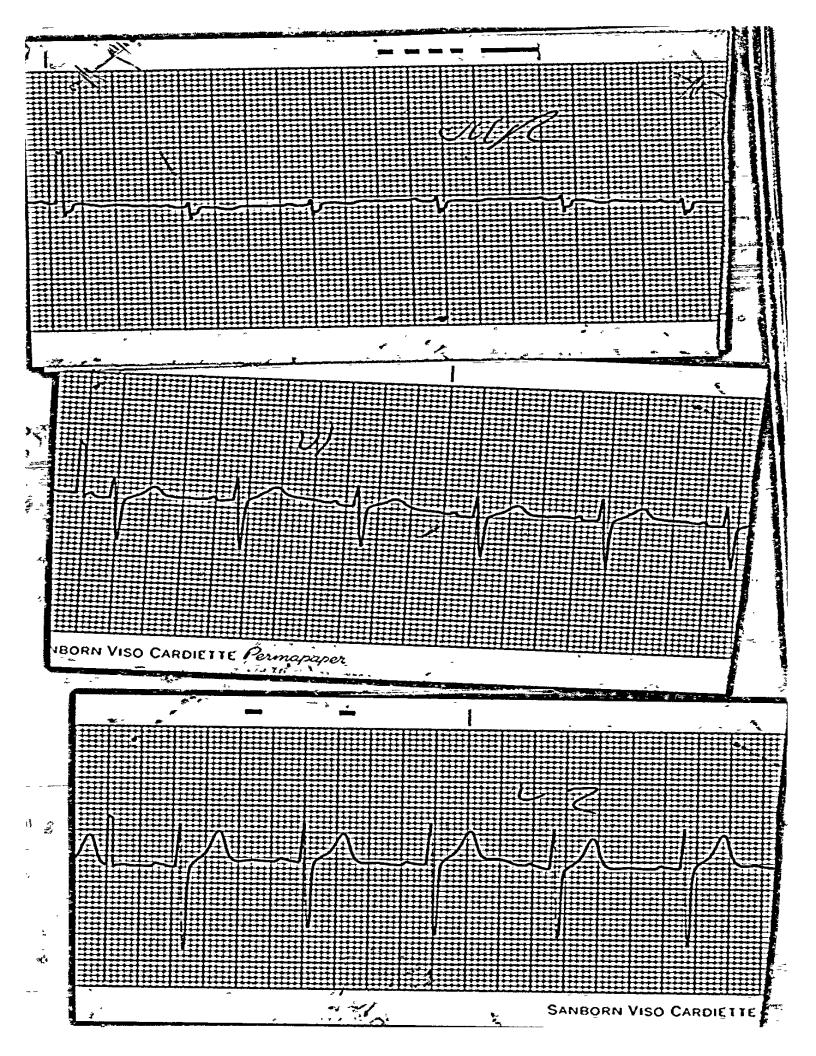
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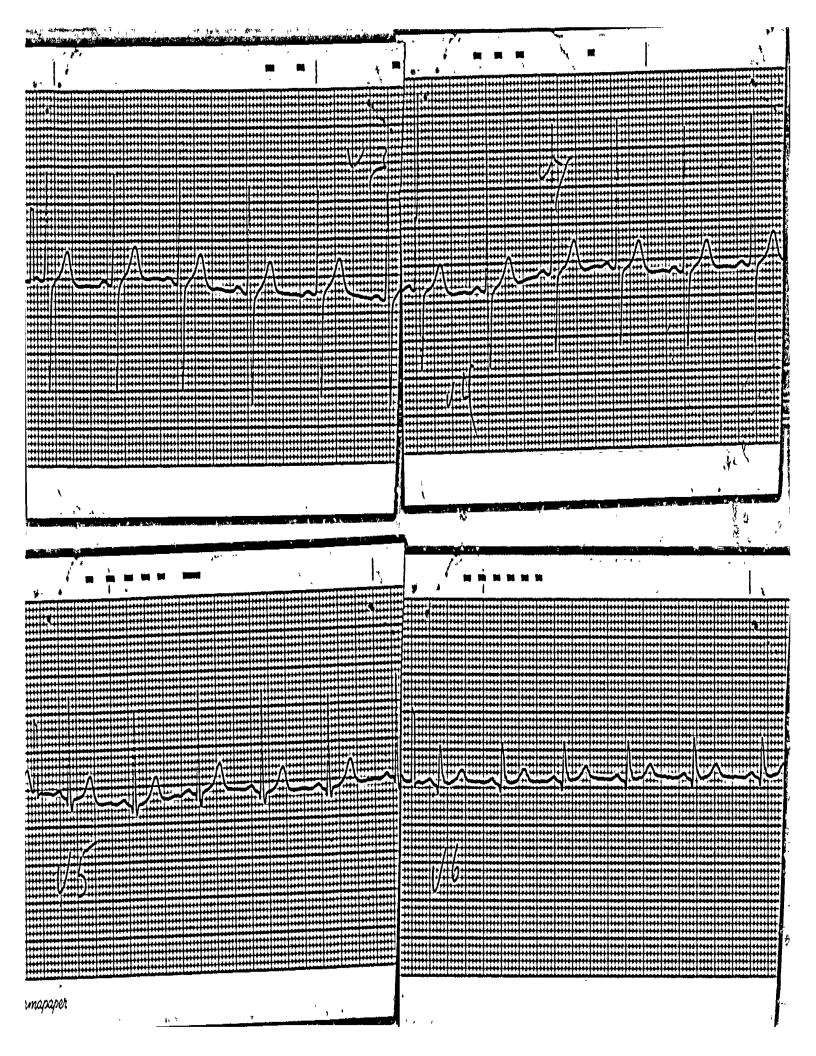
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BLAND, JAMES F. FBI. USNH NNMC BETHESDA, MD. ELECTROCARDIOGRAPHIC RECORD Standard Form 520 (Attach tracings to S. F. 507)









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Report of Exit and Separation FD-193 (Rev. 9-6-72)	b6 b7c
MYCH	
FROM: Mr DO b6	1/9/79
FROM: Mr. b7C	DATE: 1/3/73 - Title
James F. Bland	18/25/41 Inspector
Last Local Address 4310 Rosedale Ave, Bethesda, Md. 20014	Forwarding Address (include Zip Code, if known) Same
Cease-active duty Date (hour and last day physically at work) Jan. 26, 1973, at 5:30 pm(retirement effect Interview Company 1/29/73-at-5:30-	Working Hours (include workweek if other than Monday-Friday) " tive 9 to 5:30, Monday thru Friday
Interview 17-237-13-at 3:30-	Title
LEAVE DATA	Executive Assistant to Acting Director
Hours of accrued leave employee will have at close of business of the last day physically at work. Do NOT add accruals if effect Hours of annual latteraried over at beginning of current leave Leave to be used prior of cease-active duty date of hrs. the Note: Unless an emergency situation, only current accrued annual contents.	on cease-active date which is the last hour ctive date of separation is at a later date.  Obe taken 1/29/73 al leave in excess of maximum accumulation
(240) or more hours) can be granted through close of husiness on a	the effective date of separation.  ours owed at close of cease-active-duty date. AL 03 SL 0
READ BEFORE INTERVIEWING Purposes:	
analysis of turnover, (3) determining necessary or desirable of recommendation regarding future reinstatement.	
By Whom Conducted: Clerical employee - by immediate Agent su him.	of offresignation in adequate privacy with adequate time.  pervisor; Agent - by SAC or in his absence by official acting for
Reasons Given for Separation: First, carefully weigh reasons for exit interview to determine real motivating reason for resigning, job, leave city where assigned, or otherwise just return home, ex show resigning to seek employment closer to home meaning motivother, execute reason(s) under B. Explain all under Item L. Con	If such reason was because of employee's desire to leave Bureau secute a reason under Item A below. (For instance employee might wating reason is to return home, not seek other employment.) If
1. Return to Home Area	8. Dissatisfaction With Assignment
2. Homesick for Family and Friends 3. Unable to Adjust to City Environment 4. Living Costs	9. Dislike of Production or Work Standards 10. Dislike Performing Overtime 11. Dislike Shift Assignment
5. Transportation 6. Housing	12. Working Conditions - Physical Plant (i.e., no air conditioning)
7. Concern Over City Life (Crime, etc.)	13. Working Conditions (other than physical plant) 14. Lack of Promotional Opportunity
ata and a second and a second and a second and a second and a second and a second and a second and a second and	В .
<ul> <li>Military</li> <li>Other Employment (Show this as reason only where employee otherwise satisfied with Bureau employment)</li> <li>Check both reason and type.</li> </ul>	22. Change of Residence (husband or family moving) 23. Housewife or Child Care 24. Resignation requested
Reason:	25. Removal:
Type:  a. Other Government employment	Abandonment of position - failed to submit resignation  26. Resigned during administrative inquiry
b. Private industry	27. 区 Retirement 区 Optional (including liberalized);
17. Poor Health (Selfon) 18. Poor Health (Family) 19. Marriage	give reason 28. Other (Explain under comments)
20. Maternity 21. Attend School; Jocally; other area	
C. 1. Did employee violate terms under transfer agreement, 3-3-FD-382 Yes No. Government Employees Training	4b Yes XNo; Foreign Assignment, and Act, FD-375 Yes X No; transportation expense
agreement, 12-69? Yes X No  2. Did employee resign prior to expiration of any agreement following initial appointment or following special training	made not covered in #1 such as to remain a specific period g? Yes XNo If yes, specify agreement(s) involved
and explain under Item L. Comments.  3. If FBIHQ clerical employee, did employee resign within 1	$\sim V$
4. If answer to either question 1 or 3 above is "yes":  a. Advised employee any money due being held in ab b. Advise Bureau of resignation, Attention Voucher-S by teletype radiograms telephone	evance until determination is made as to any indehtedness.
DEED 1914 10	(0%ef)()

D.	Does employee have any specific suggestion for improving the organization? No Yes If so, explain. (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.).
Ĕ.	Has employee been cautioned about divulging confidential information acquired in job? [E] Yes No Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 wears' imprisonment, or both.
F.,	All Government property documents made or received while in the FBI's service, including FBIRA card, will be collected on date employee ceases and dut Exceptions: commendation, censure or promotion letters or copies of expense vouchers, etc.).
G:	If employee is resigning for maternity purposes, appropriate block must be marked:  Employee does not desire payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.
,	Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.
	Doctor's certificate attached indicating employee can safely continue working to date specified. (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)
Ĥ.	Was employee instructed that if enrolled in a health benefits plan his coverage continues temporarily for 31 days from the termination of his health benefits enrollment and during that time employee is eligible to convert to an individual contract? If employee converts to an individual plan there is no waiting period for any benefits. XYes No
1.	Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established? Yes No Was employee urged to satisfactorily pay his (her) just debts? Yes No
١,	Was employee advised that any inquiries concerning his FBI employment should be directed to FBI, Justice Building, Washington, D. C. 20535, as such information is not available elsewhere? X Yes No
	The retiring employee is qualified and desires the 20-year plaque 25-year plaque 30-year plaque.
	Comments: (Please state specific individual reason in explanation of check on other side of form. Set, out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin; (2) re school - date employee proposed to enroll.)
E   A	imployee was reassigned as SAC Albany. After serious consideration, employee
ţi	ecided to request retirement. He realized the SAC assignment would require full- me presence in Albany region. However, he has ailing parents and in-laws in
M	lissouri and Kentucky to whom he must devote considerable time, and he therefore
th	oes not feel he can devote full time to both responsibilities, although he appreciates ne confidence in him expressed by the Bureau in offering him the assignment.
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, W.	Has there been any substantial change in employee's work performance record since submission of last performance rating?  No Yes If "Yes" give current adjective rating and basis for change.
Ŋ.	Recommendations, re reinstatement: No. (If No. explain why.)
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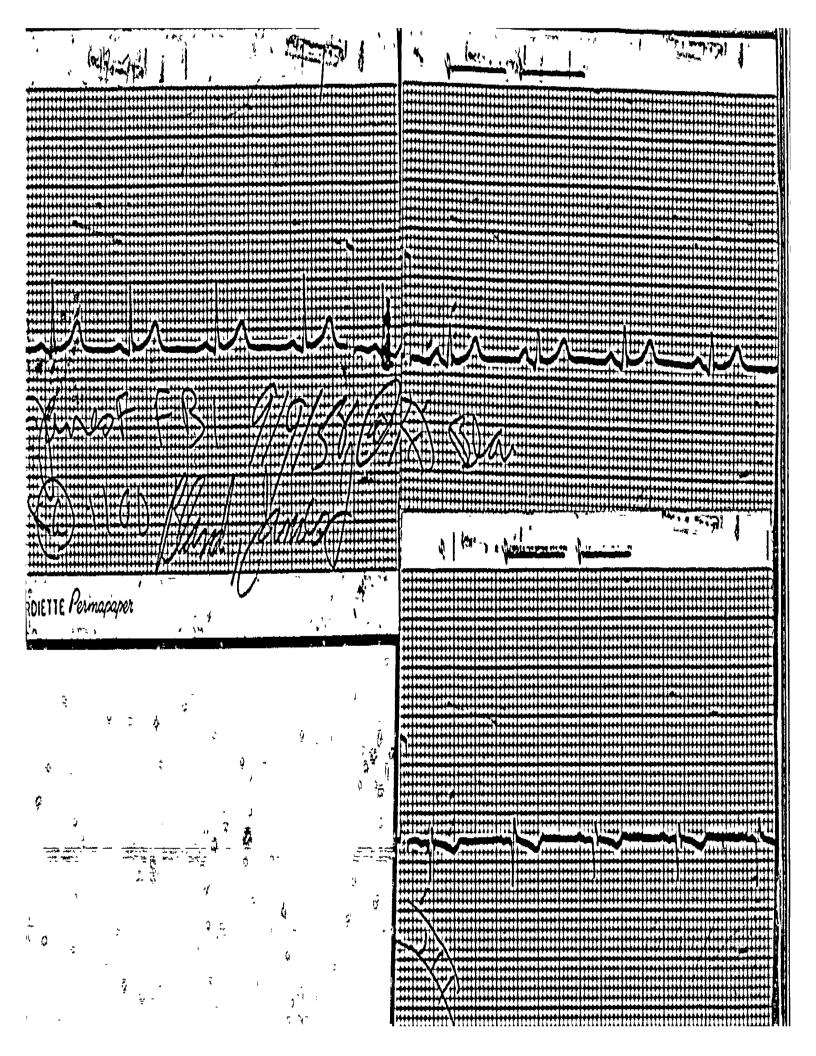
PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)

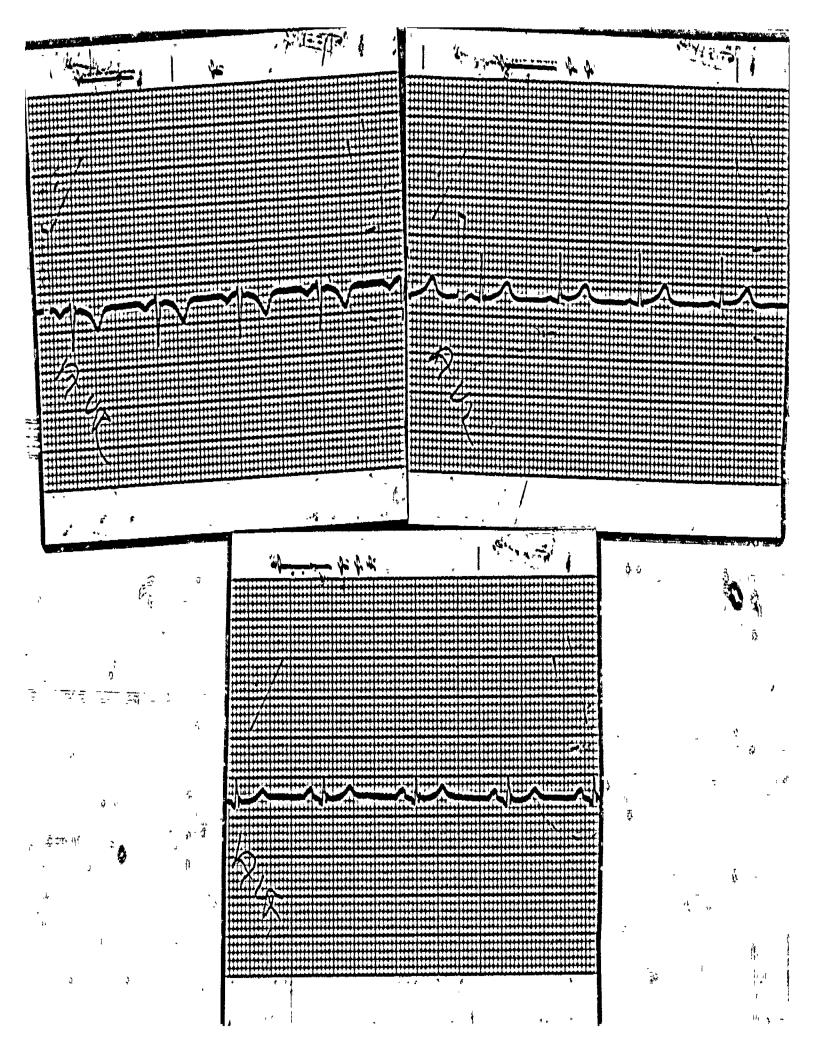
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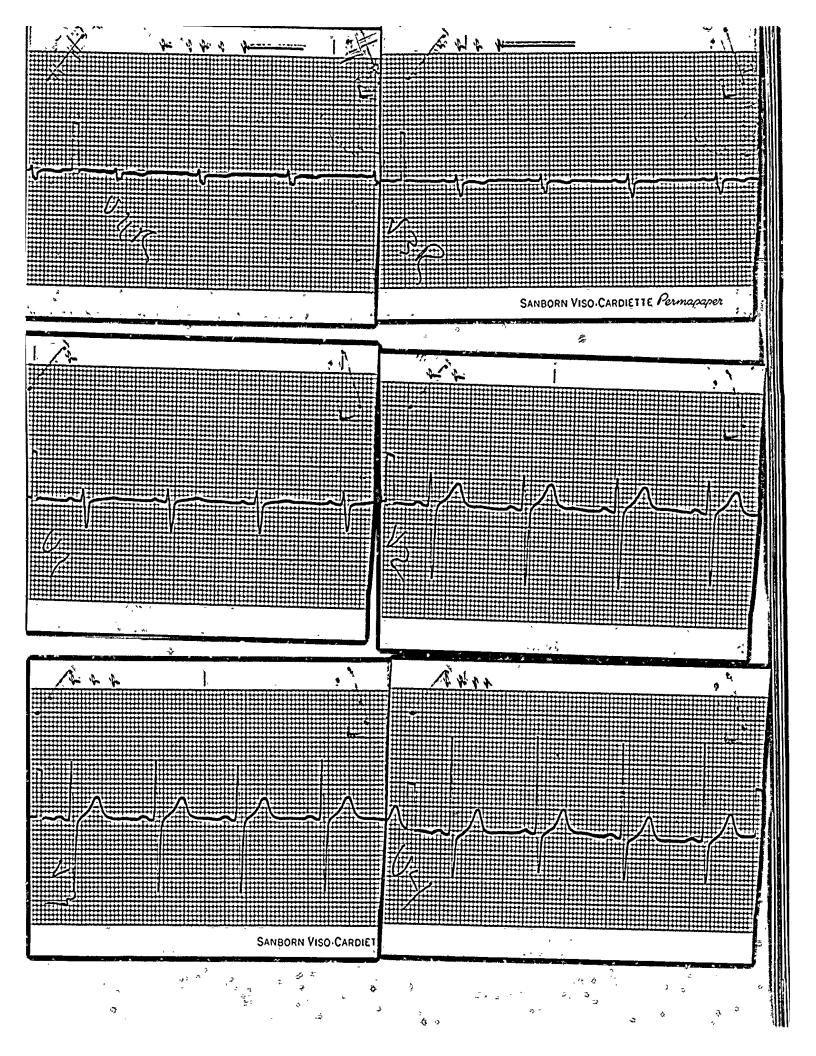
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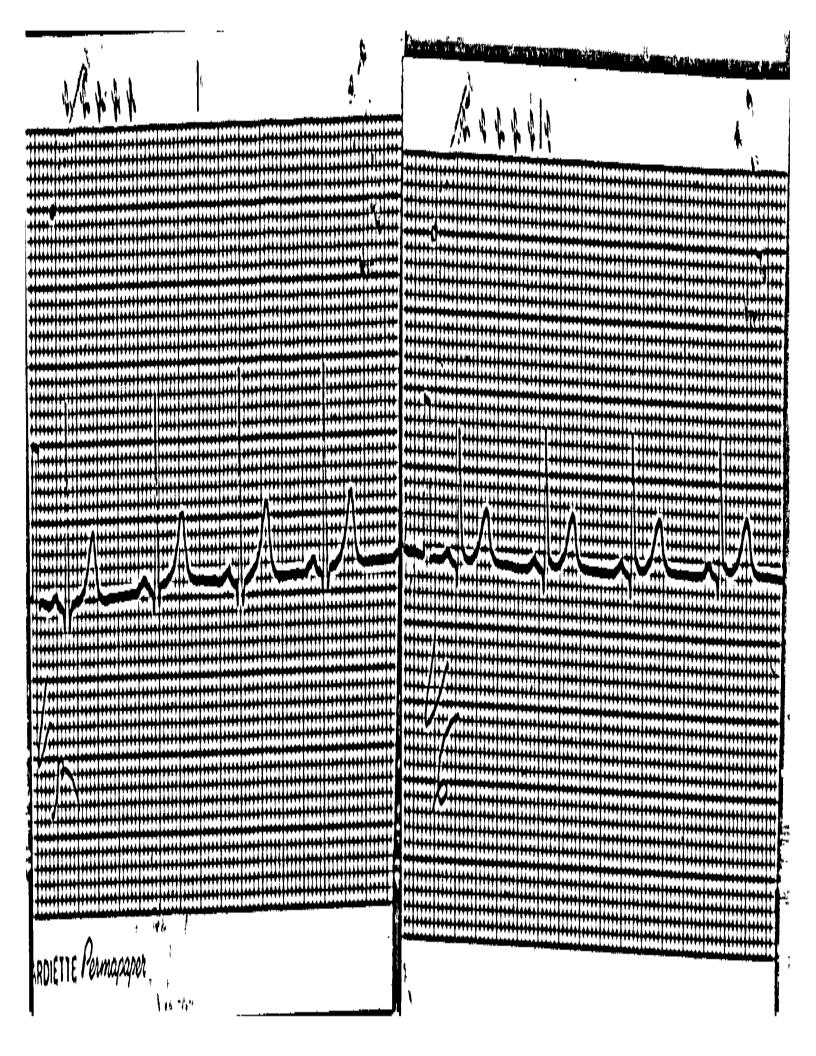
BLAND, JAMES F. FBI. USNH NNMC, BETHESDA, MD.

ELECTROCARDIOGRAPHIC RECORD Standard Form 520 (Attach tracings to S. F. 507)



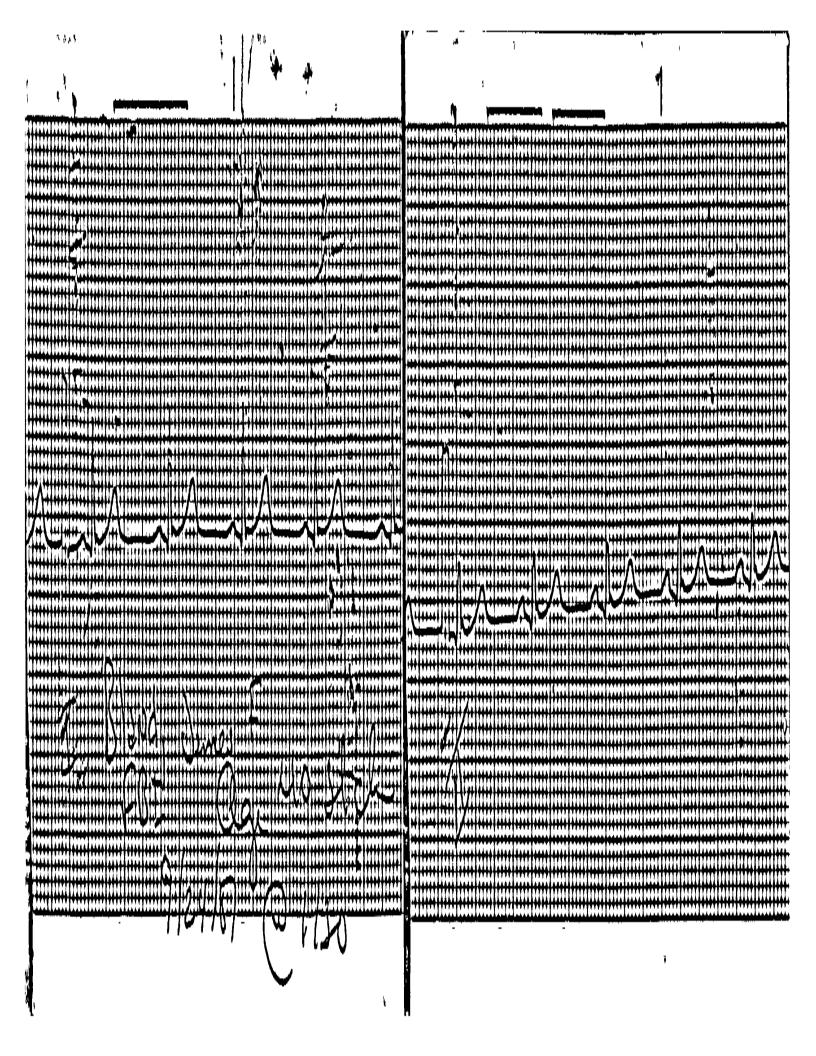


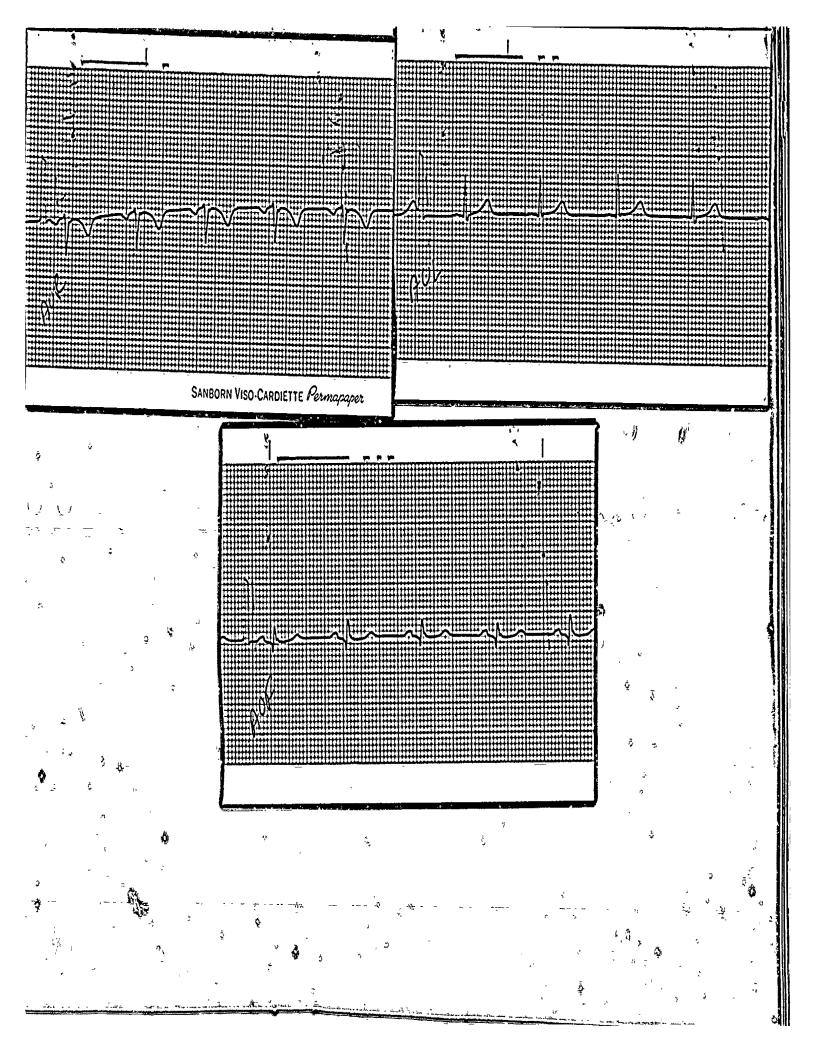


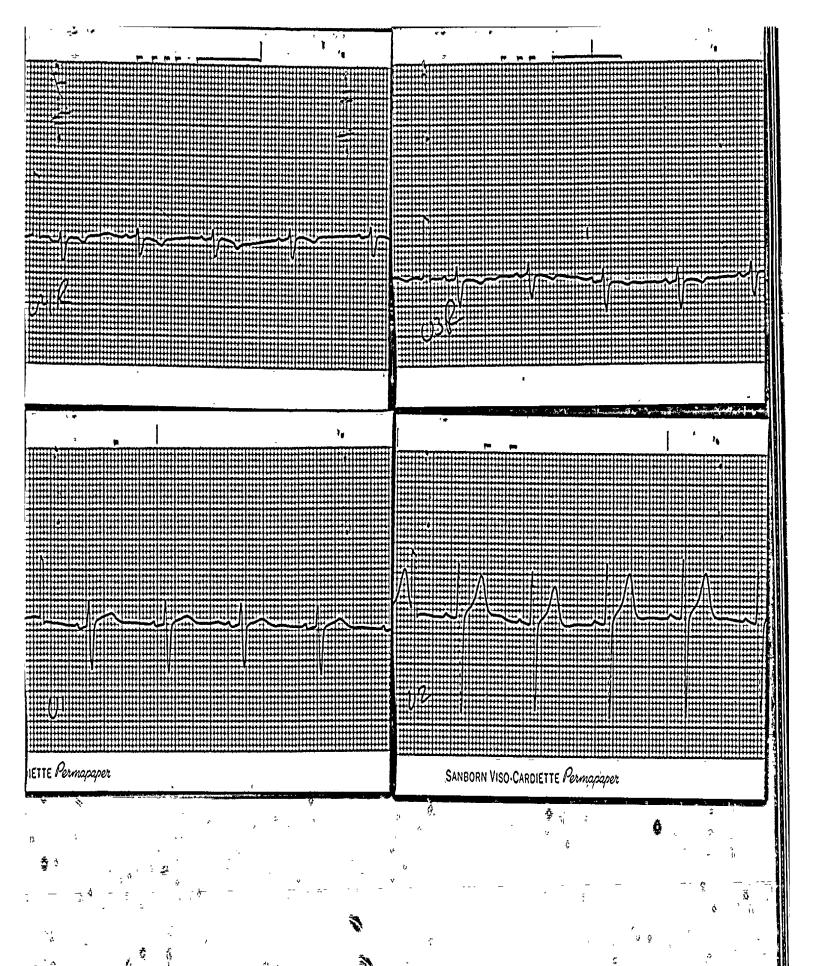


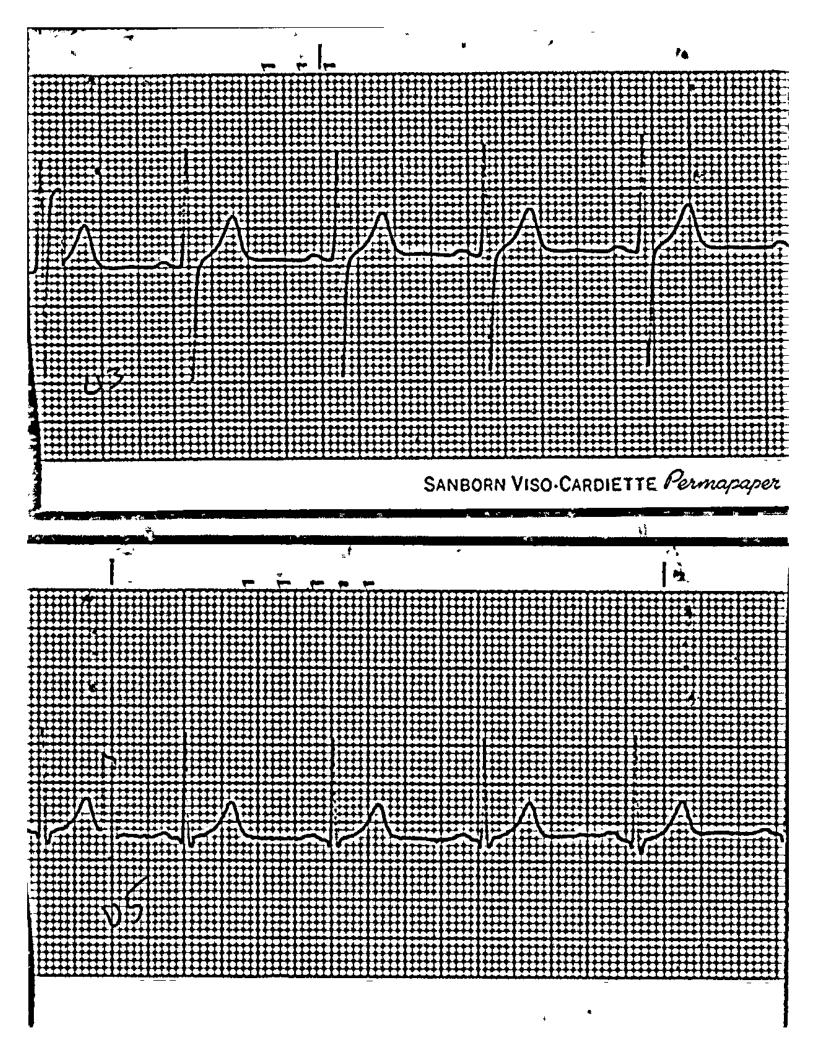
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Standard Form 520 (Attach tracings to S. F. 507)







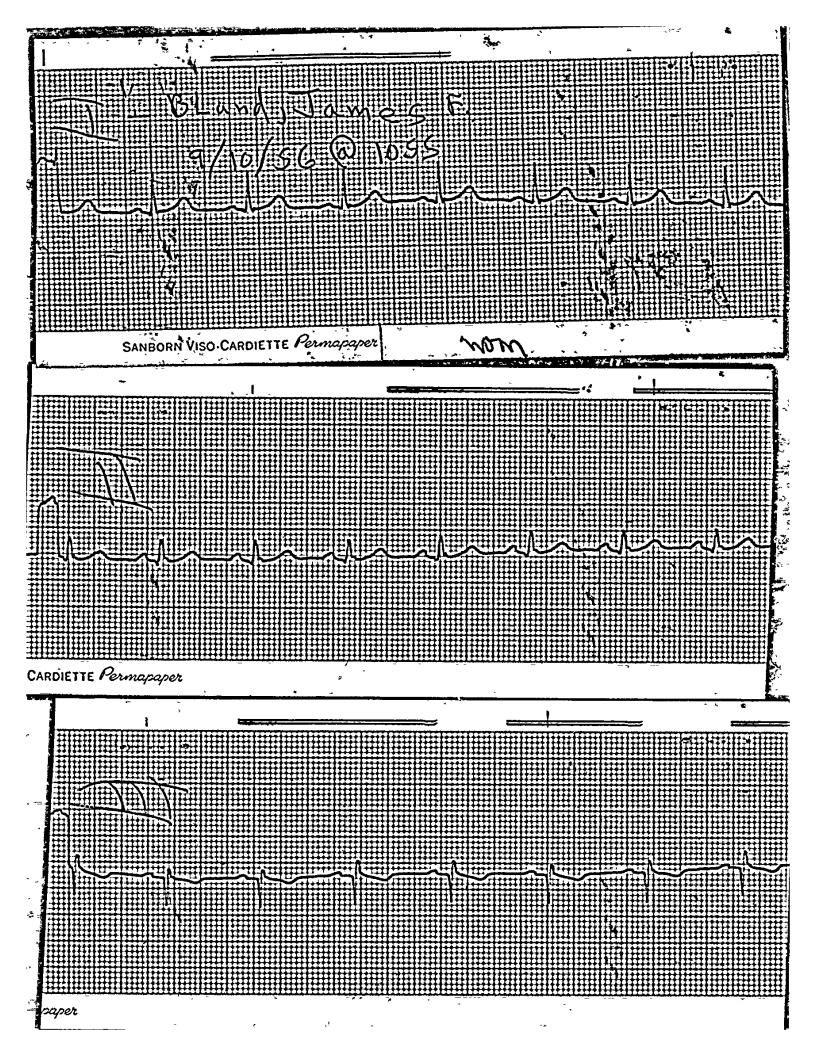


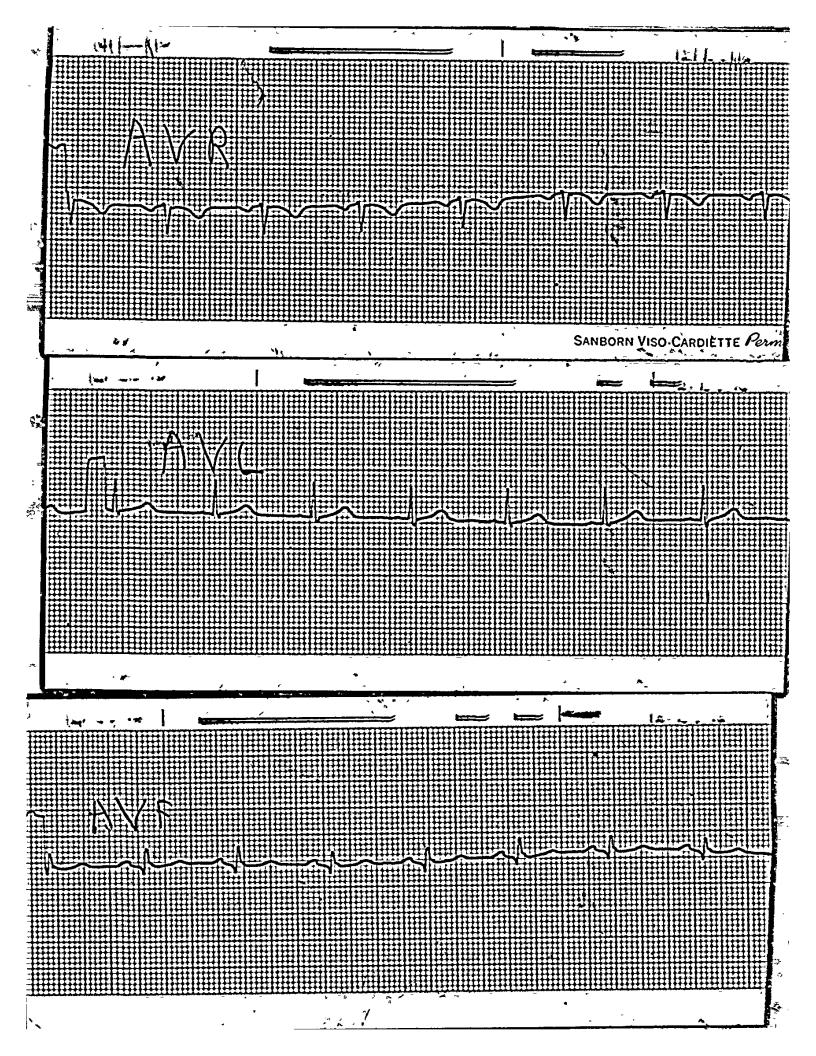
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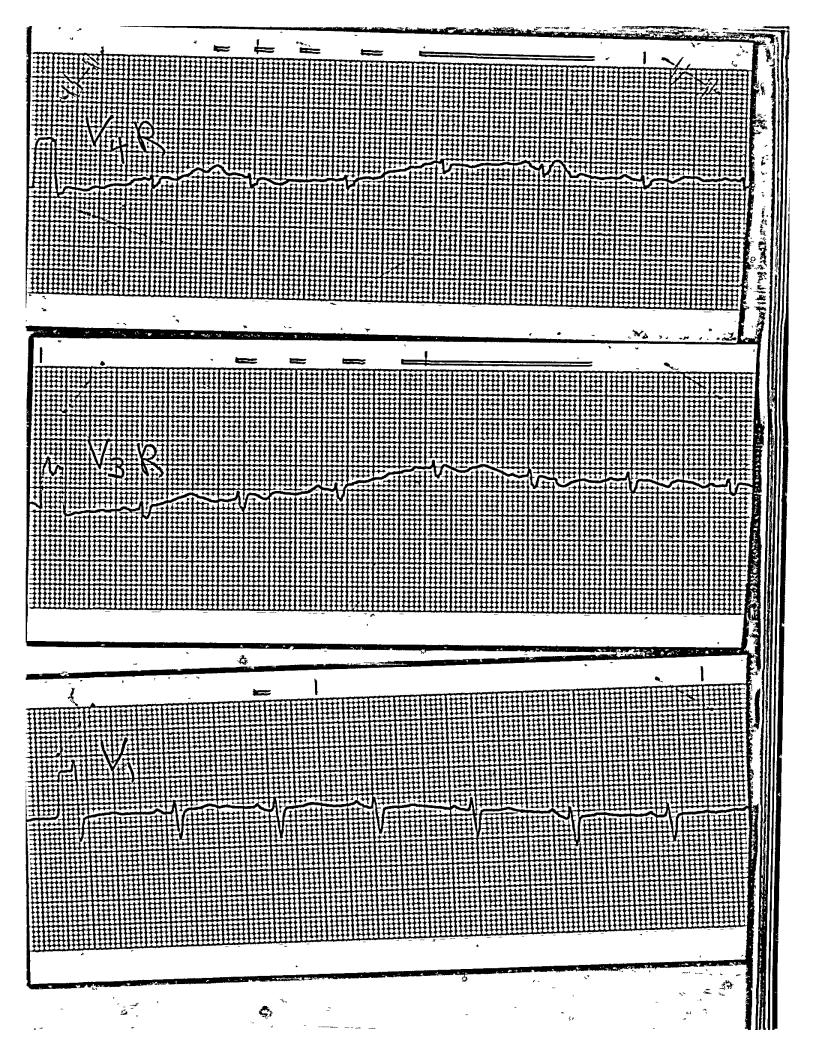


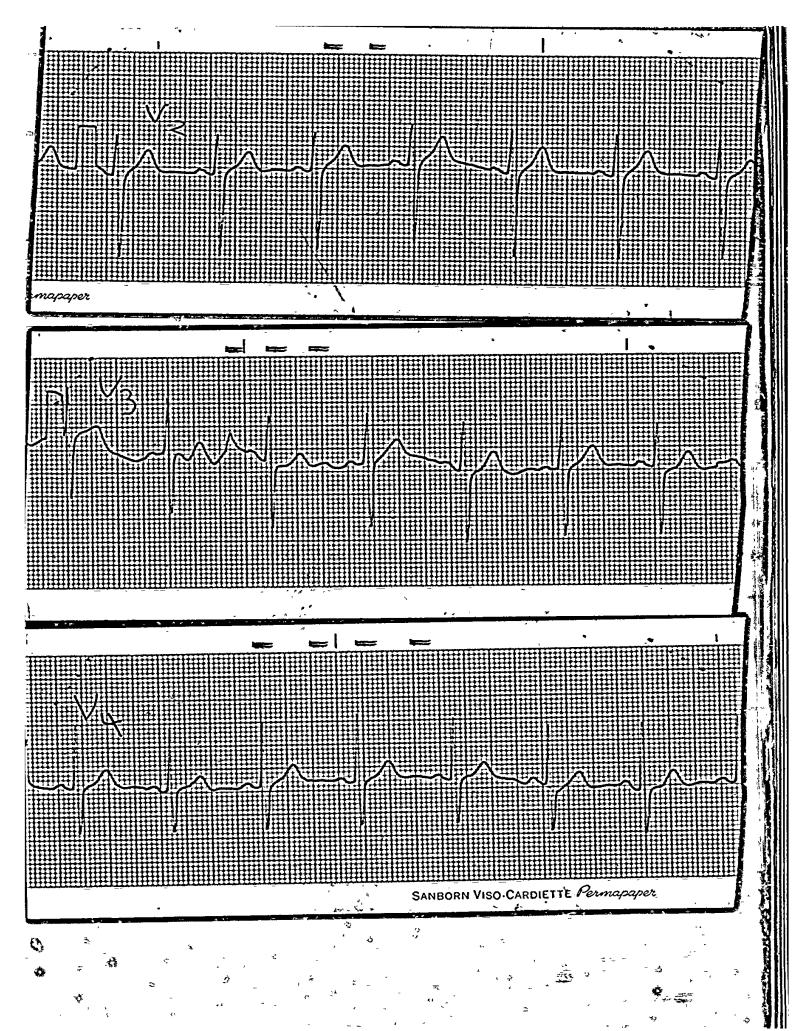


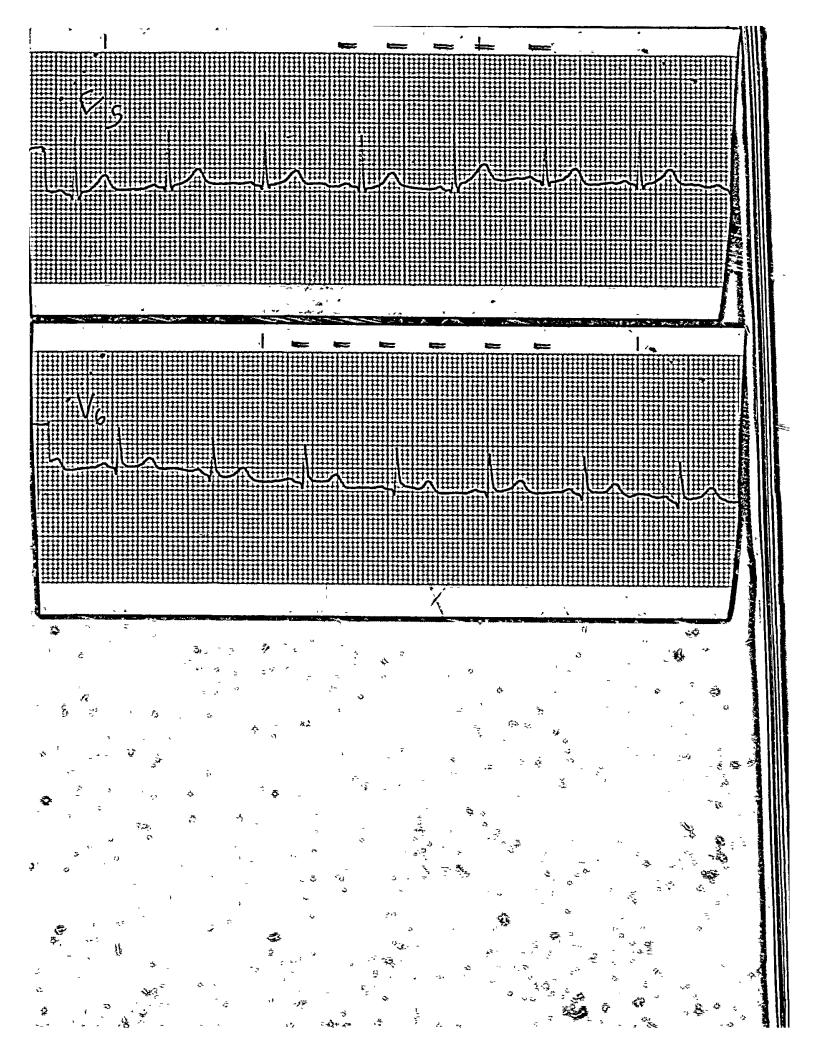
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Standard Form 520 Promulgated August 1948 By Bureau of the Budget



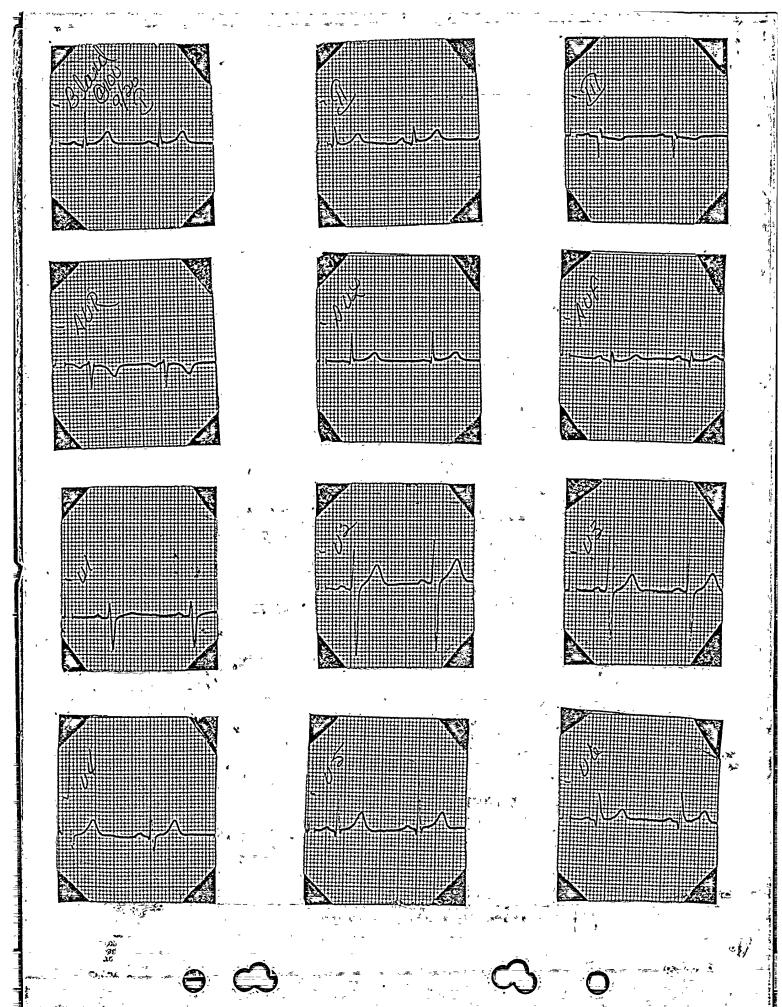


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PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
BLAND, James F.	F.B.I.		St. Clinic
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USNH . BETHESDA . MD. (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)



Standard Form 520 Rev. Feb. 1951	0
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BLIND, JALES FIELD FBI.

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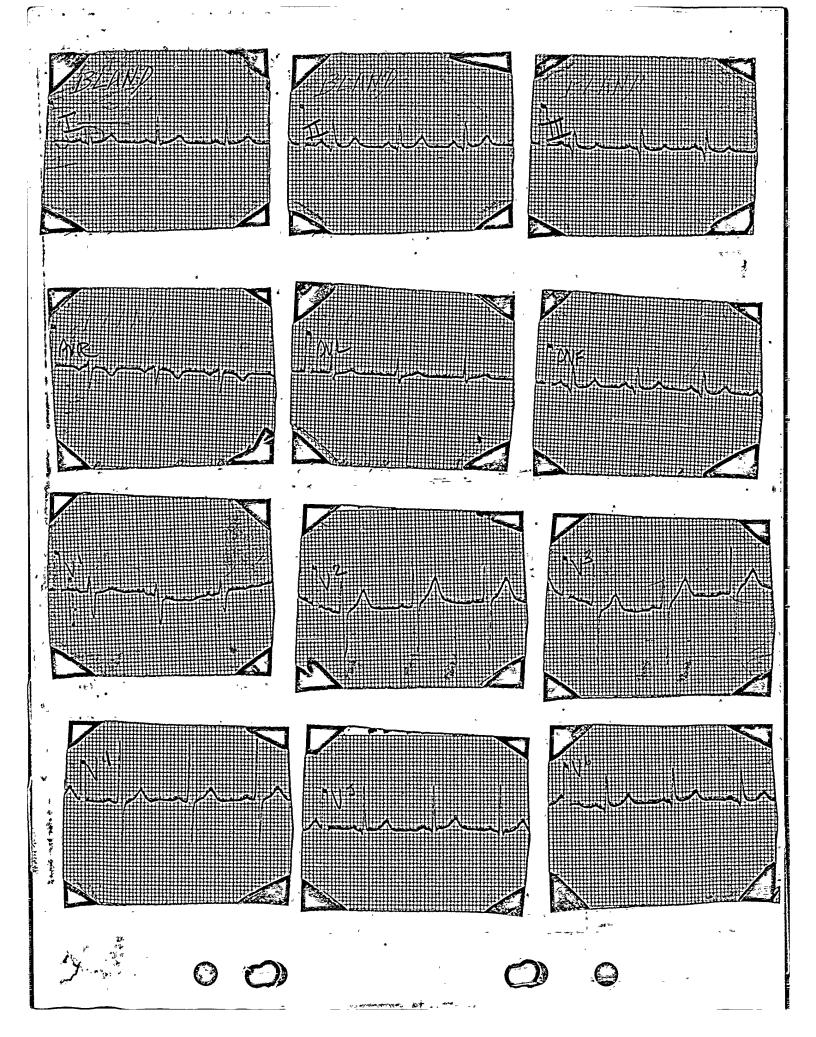
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USNH NYING BETHESDA ND (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ELECTROCARDIOGRAPHIC RECORD Standard Form 520

(Attach tracings to S. F. 507)



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Standard Form 520	
Promulgated August 1948 By Bureau of the Budget	· ·
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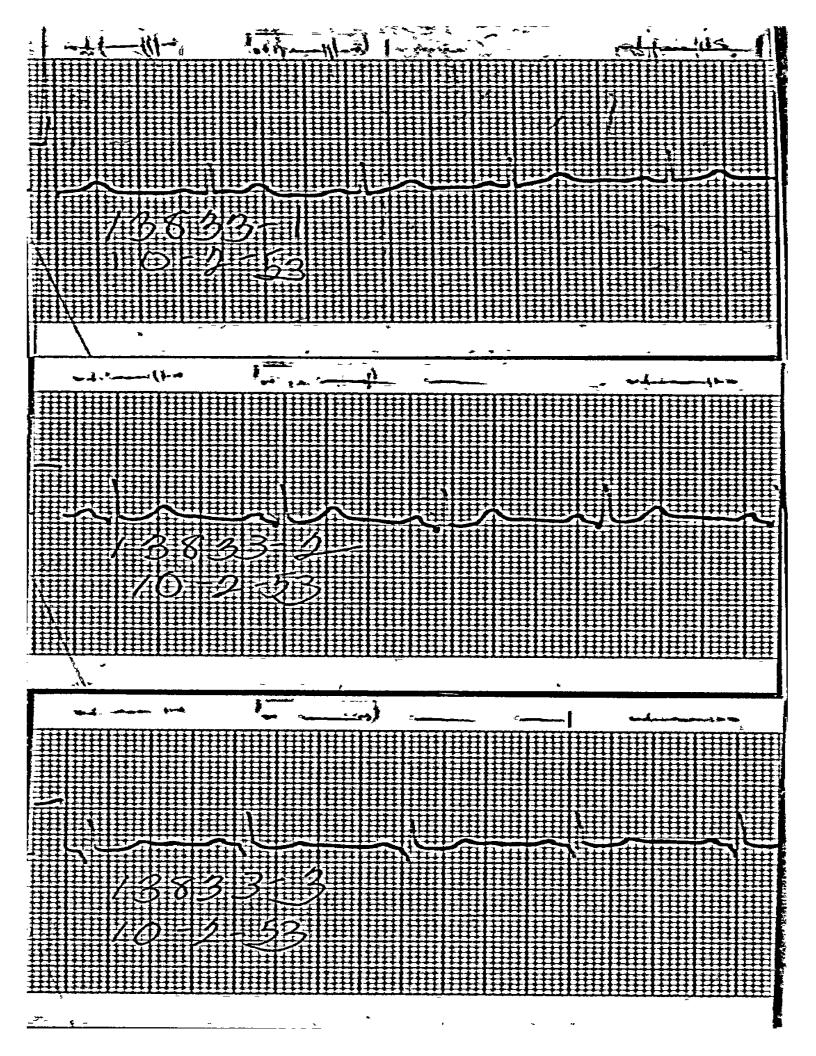
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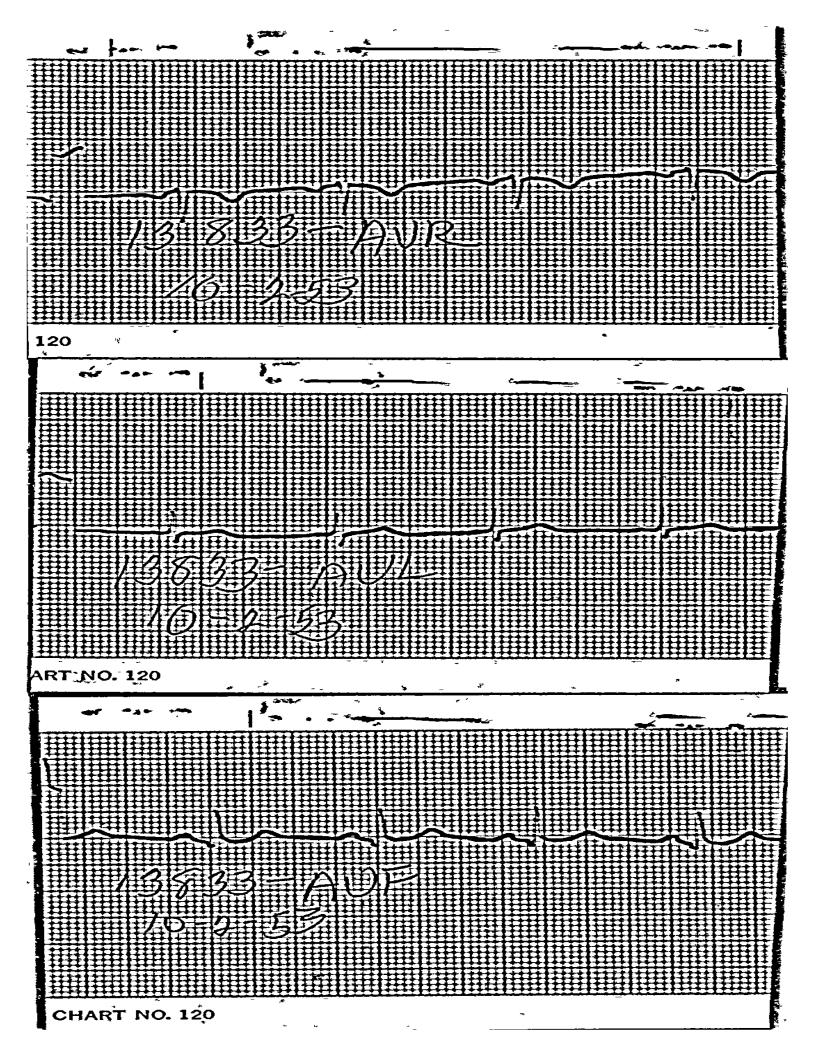
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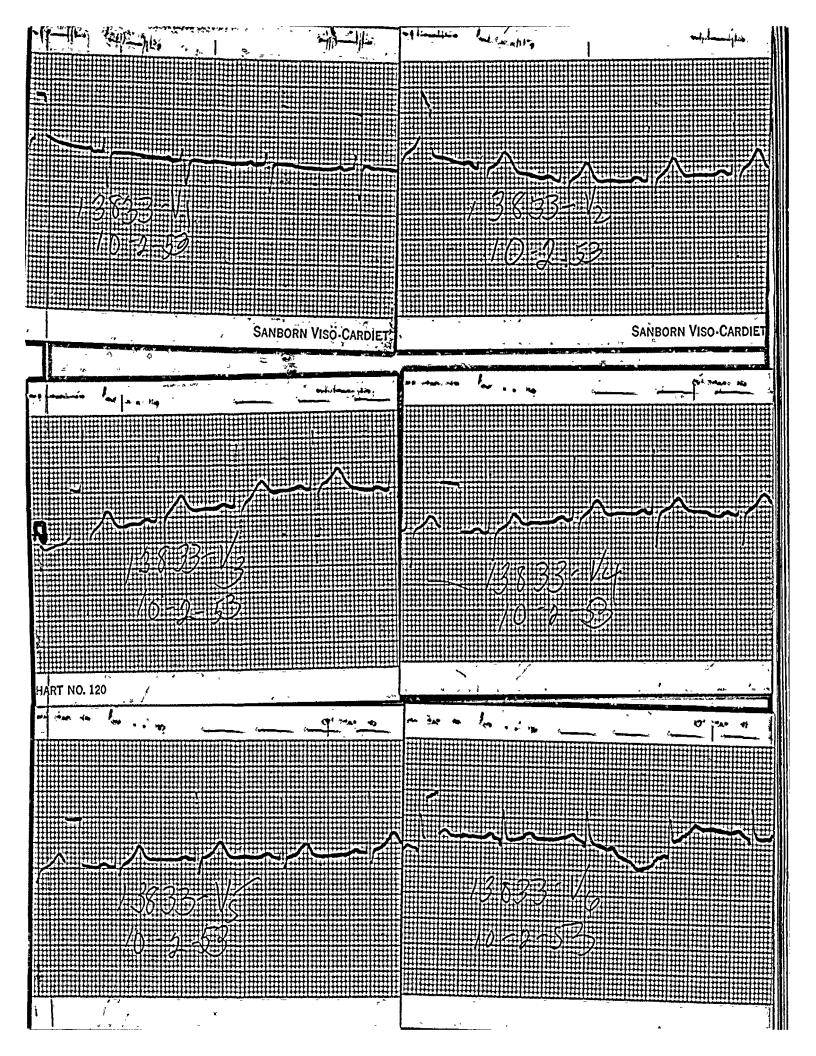
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BLAND, James F. FBI	ST. CLINIC

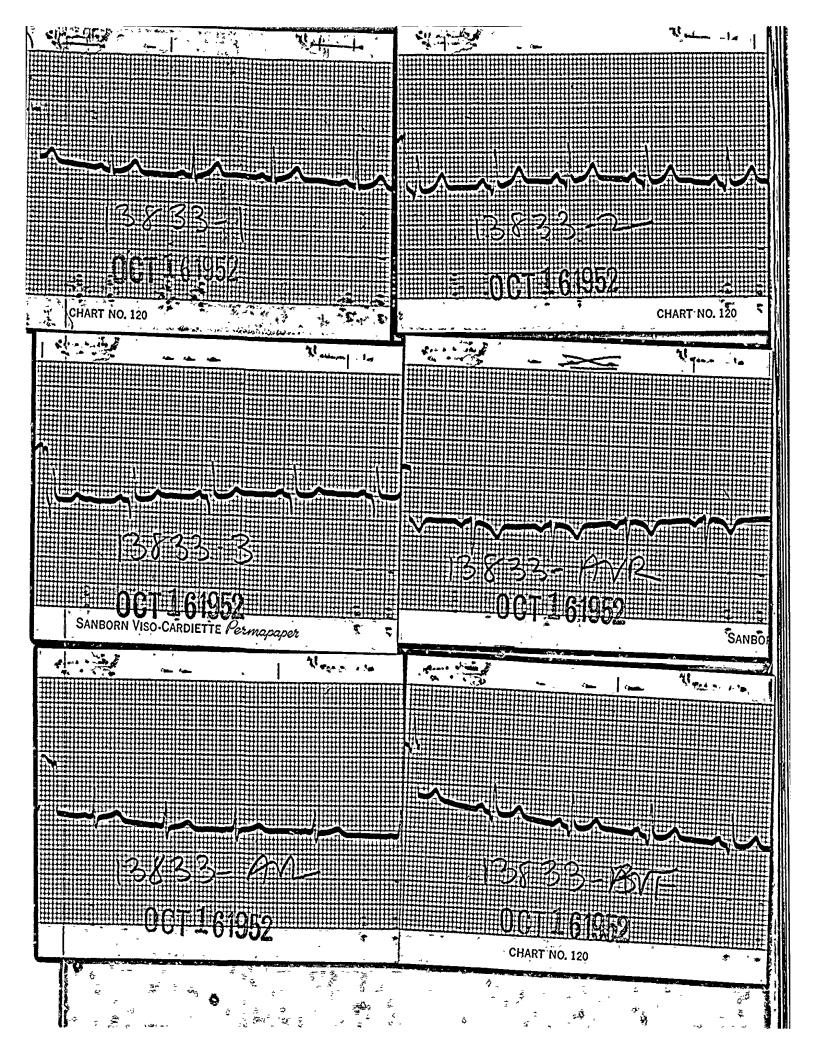
ELECTROCARDIOGRAPHIC REPORT standard Form 520

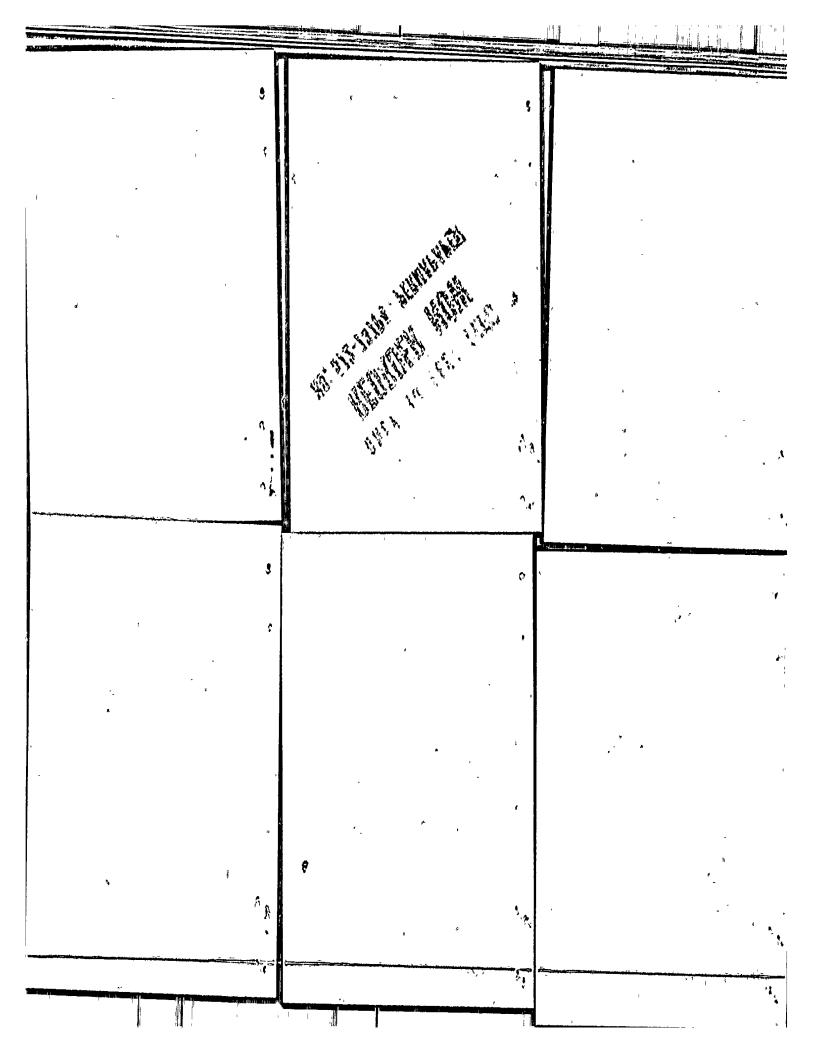


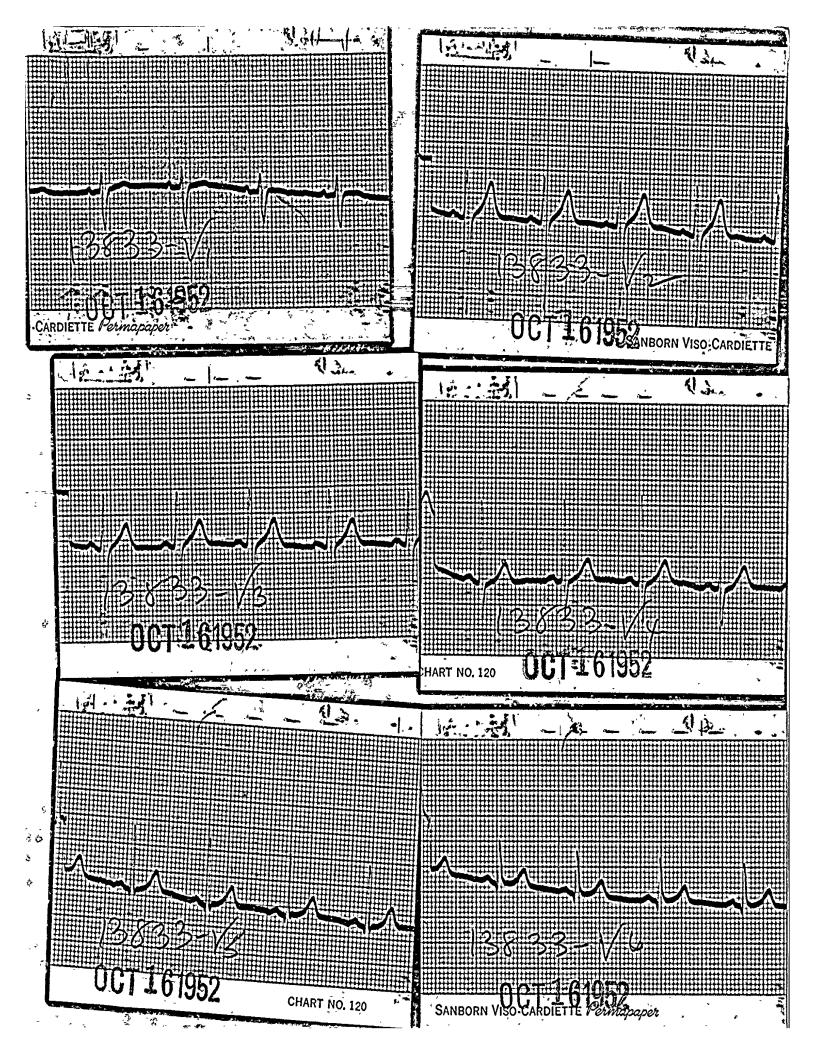




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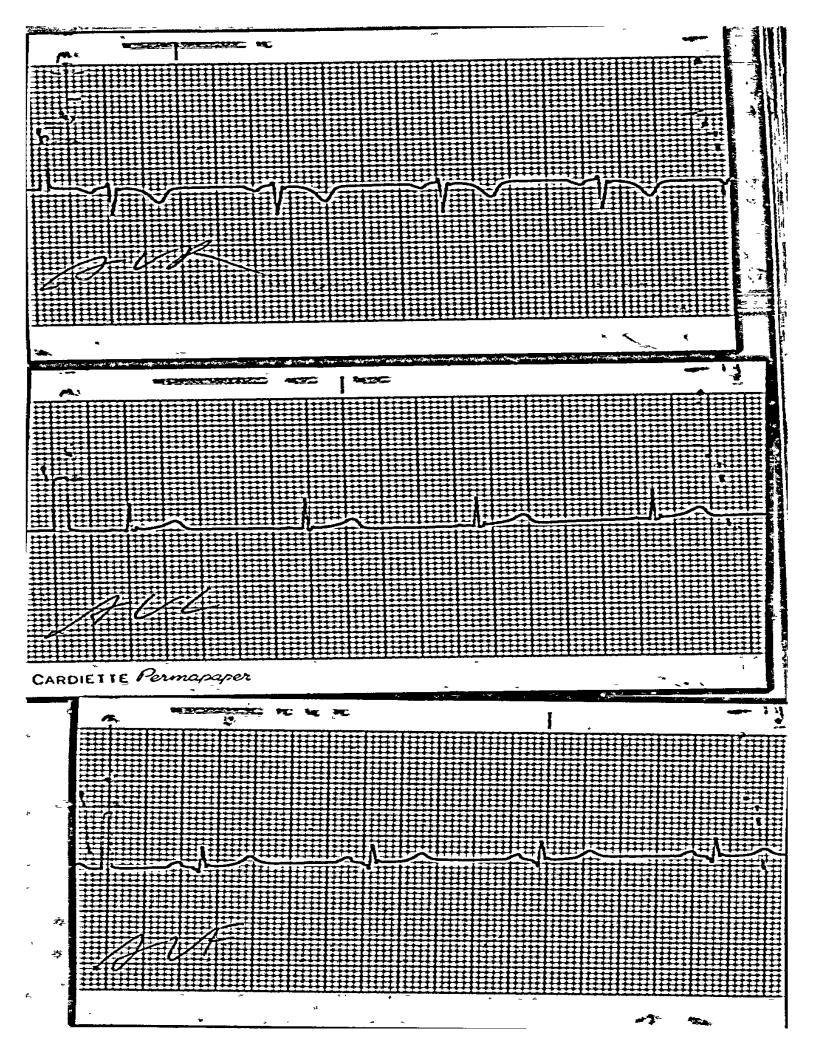
1. Within normal limits. 2. No significant change since 9-24-57.

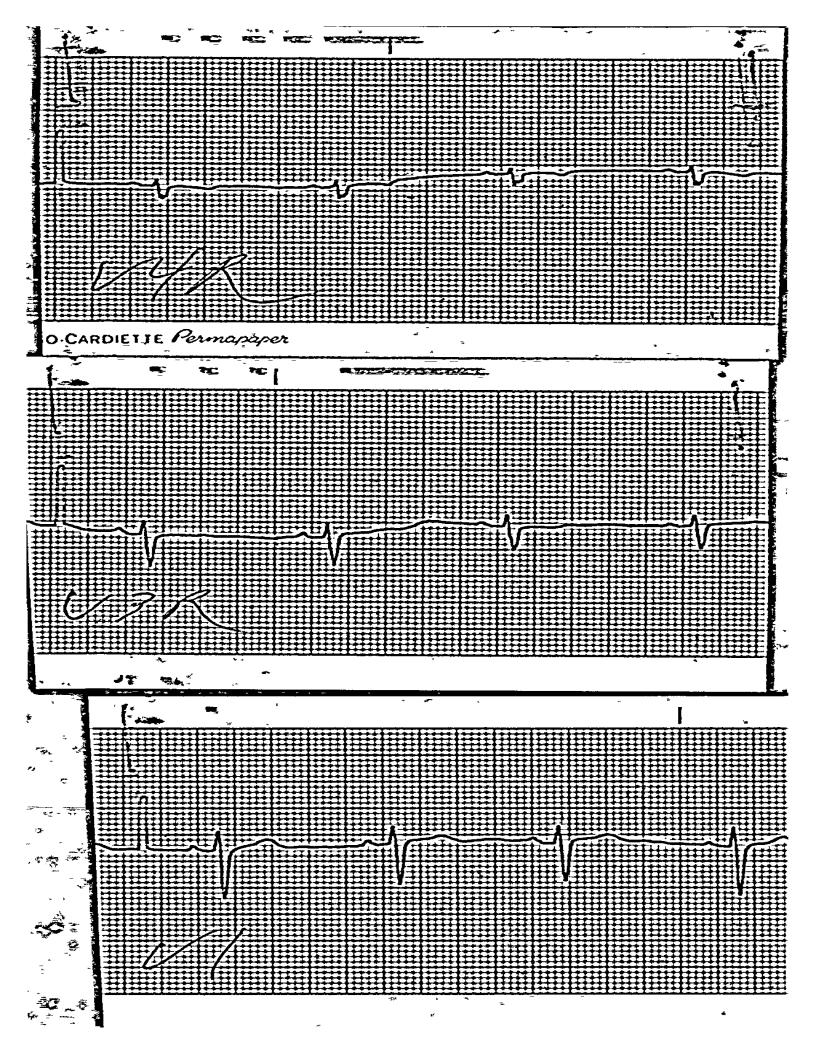
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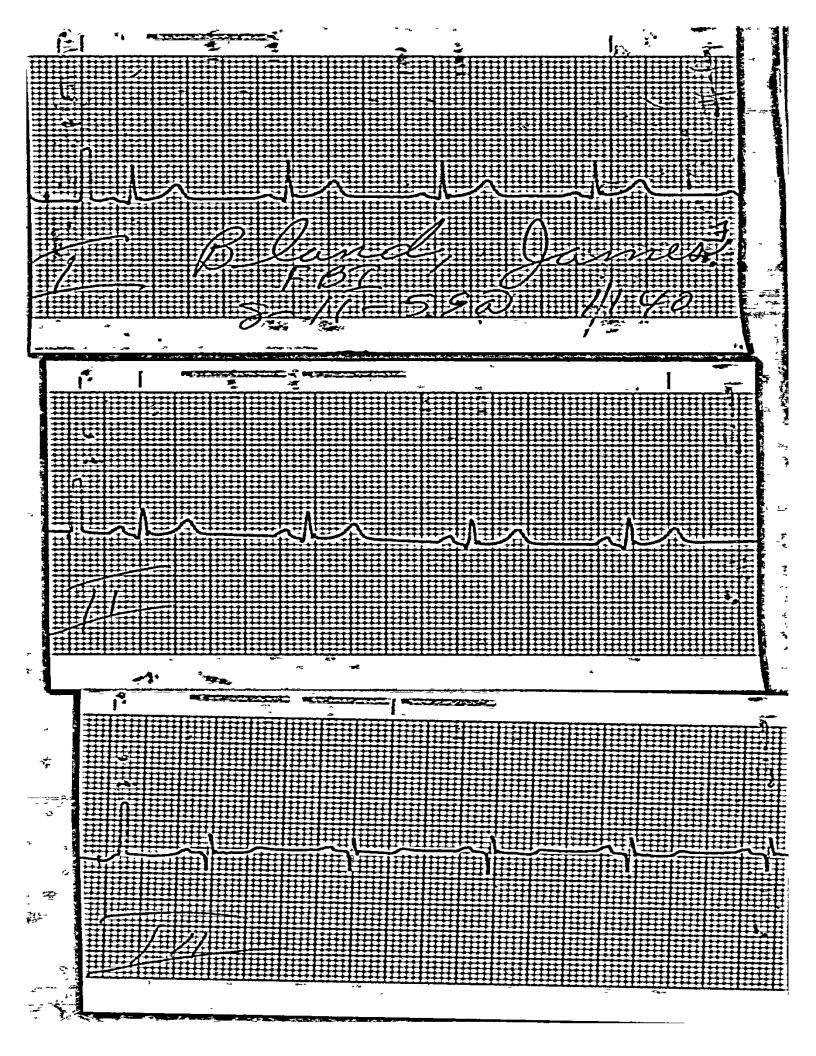
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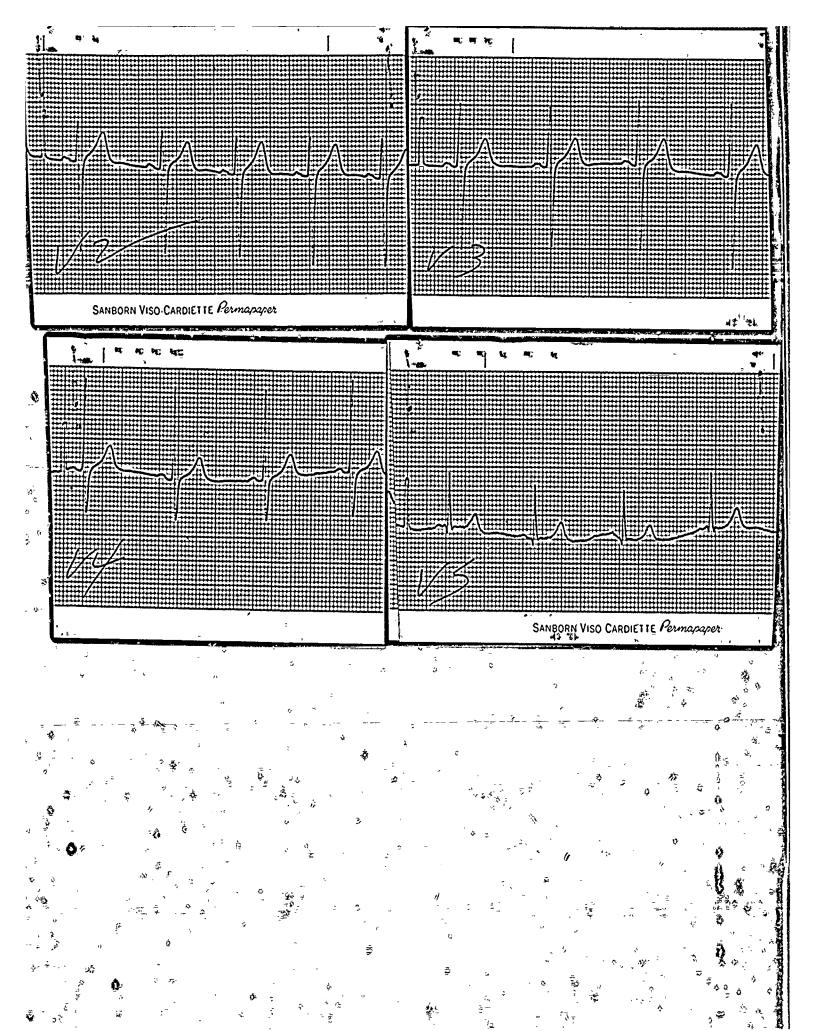
BLAND, JAMES F. FBI USNH NNMC BETHESDA MD.

ELECTROCARDIOGRAPHIC RECORD Standard Form 520 (Attach tracings to S. F. 507)

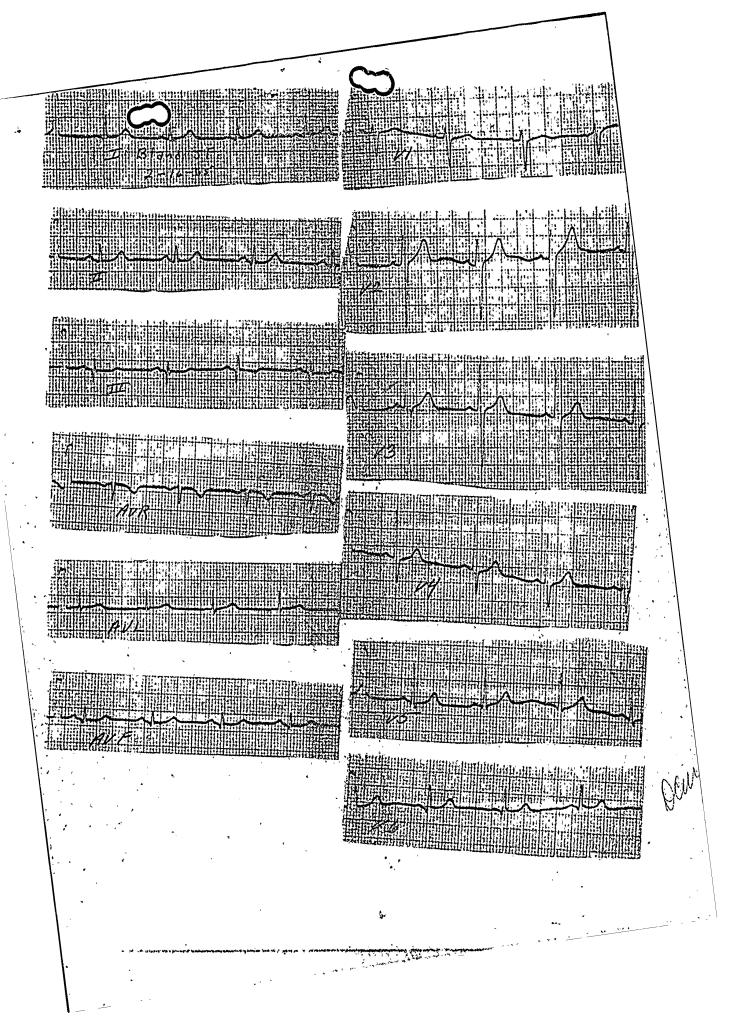








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Standard Form 89 (Rev. Aug. 1950)

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		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	V	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
	V	B. INABILITY TO PERFORM CERTAIN MOTIONS	1 T
	V	C. INABILITY TO ASSUME CERTAIN POSITIONS	<b>.</b> .
	V	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	V	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	-
	V	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	v	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	20) a spendectomy-Age 3. prolapse of rectum
		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	32) appendectomy-Aqa 3; prolapse of rectum Aqa-22; Laminactomy-Age 42;
	V	33, HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	*
_	V	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	35) Nava (Hospital-1960.
		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST & YEARS! (If yes, give complete address of doctor, hospital, clinic, and details)	35) //ava ( // 05 / /
	V	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDST (II yes, which illnesses)	
•	V	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL OR OTHER REASONS! (If yes, give date and reason for rejection)	
**************************************	1	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL OR OTHER REASONS? '(If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
,	1/	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY! (If yes, specify what kind, granted by whom, and what amount, when, why)	
i Aŭ	THORIZE	E ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE	PLIED BY ME AND THAT-IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEGGE. ED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES.
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1. LAST NAME-FIRST NAME-MIDDLE NAME

REPORT OF MEDICAL HISTORY
U.S. Civil Service Employees and Applicants

Budget Bureau Approved 50-R0390

3. SOCIAL SECURITY NUMBER

This information is for official and medically-confidential use only and will not be released to unfall theread persons.

2. TITLE OF POSITION

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Months

Do Not Transmit Enclosed Material
With Official Personnel Folder.

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

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YES NO:		YES OR NO., EYERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BY	<u> </u>
	22." HAYE YOU SEEN REFUSED EMPLOYMENT OR BEEN UNABLE	The second of th	
	A. SENSITIYITY TO CHEMICALS, DUST, SUNLIGHT, ETC.		~
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V	D. OTHER MEDICAL REASONS (If yes, give reasons)		Y To go
	23. HAYE YOU EYER WORKED WITH RADIOACTIVE SUBSTANCE?.	The state of the s	many things they be
1/	The state of the s	· · · · · · · · · · · · · · · · · · ·	2 10
	24, HAYE YOU EYER BEEN DENIED LIFE INSURANCE? (If yes,		1 - 1 - 2 - 1
1.15	state reason and give details)	1 1 1 1020 Restained This	c/spinal 1960
	25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE,	appendentomy 1920; Ruptiered idis	111
V	ANY OPERATIONS? (If yes, describe and give	Hemroelectomy 1940;	
·	age at which occurred)  26, HAYE YOU EYER BEEN A PATIENT IN ANY TYPE OF HOSPITAL?	appendectorny - 1920 Mo. me shoulest Ho	sp Sr Jouapa M.
	(If yes, specify when, where, why, and	I have disc- naval medicals for	sp1960
<i>K</i> 1	name of doctor and complete address of hospital)	Rughony - Presyterian Hasp. Co	ucago Ill 1990.
	· · · · · · · · · · · · · · · · · · ·	appendertorny - 1920 Mo. Methodist Ho Ruphered disc- Naval Medicals Ho Abservalitiony fresy tenan Hosp Co Broken left - 1919 Broken Shoulder (	place & Coller
	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when,	Fore-1939; Broken arm 1929)	
-	where, and give details)	Pone - 14 24 ; Broken with	
	28. HAYE YOU CONSULTED OR BEEN TREATED BY CLINICS,		_
	PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSESS		<u>,</u> 2
	(If yes, give complete address of doctor,	'	
ľ	hospital, clinic, and details)	· ·	*
	29, HAYE YOU EVER BEEN REJECTED FOR MILITARY SERVICE		
	BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS		•
	(If yes, give date and reason for rejection)		1-
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	30, HAYE YOU EYER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (1)		
V	yes, give date, reason, and type of dis-		
	charge: whether honorable, other than honorable, for unfitness or unsuitability)		
<del></del>	f., at si		
	31. HAVE YOU EVER RECEIVED, 15-THERE PENDING FOR MAYE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXIST		
	, ING, DISABILITY? (If, yes, specify, what kind,	- A	· •
	granted by whom, and what amount, when, why)	عرب <sup>الله</sup> ر بيط مهد الله الله الله الله الله الله الله ال	1 1 - 1
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NOTE: HAND TO THE D	OCTOR OR NURSE, OR IF MAILED MARK ENYELOPE "TO BE OPENED BY	MEDICAL OFFICER ONLY."	<del></del>
32. PHYSICIAN'S SUN	MARY AND ELABORATION OF ALL PERTINENT DATA (Physician	shall comment on all positive answers in items 15 through 31. Physician	may develop by
interview a	ny additional medical history he deems importan	t, and record any significant findings here:)	
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REPORT OF MEDICAL HISTOR U.S. Civil Service Employees and Applicants Budget Bureau Approved 50-R0390

horized persons. This information is for official and medically confidential use only and will not be receased to una 3. SOCIAL SECURITY NUMBER 2. TITLE OF POSITION pactor BLAND, JAMES, F. Special Agent 215 | 44 | 8102 4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) S. PURPOSE OF EXAMINATION 4. DATE OF EXAMINATION Annual # = F \_ \_ = 7. SEX 10. ORĞANIZATION UNIT 8. TOTAL YEARS GOVERNMENT SERVICE 9. AGENCY Jungo C C. Totaminia 15" LIVCE OL'RISLIN" 13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) 11. PATE OF BIRTH Cower, 5/6/17 Missouri 14. STATEMENT OF ELMINEE SPESSON HEALTH AND MEDICATIONS CORLECTIVES (Follow by description of past history, if complaint exists) arta o raigation cle HAYE YOU EYER ( Please check, at. left of each item); 15400 You (Please scheck at left of leach litem) ! (Check each item) (Check each item) WEAR GLASSES OR CONTACT LEHSES" LIVED WITH ANYONE WHO HAD TUBERCULOSIS X X HAVE VISION IN BOTH EYES COUGHED UP RIOOD WEAR A HEARING AID BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION STUTTER OR STAMMER HABITUALLY X WEAR A BRACE OR BACK SUPPORT 17. HAYE YOU EVER HAD OR HAYE YOU NOW (Please check at left of each item): (Check each item) DON'T KNOW (Check each item) NO. DON'T, KNOW DON'T KNOW YES NO (Check, each item) M. YES: . 37 NO ... SCARLET FEVER, ERYSTPELAS. ASTRIKA -X KECENT GÁIN OR TÓSS OF WEIGHT! X" DIPHTHERIA ARTHRITIS OR RHEUMATISM SHORTNESS OF BREATH X X X PAIN OR PRESSURE IN CHEST BONE, JOINT, OR OTHER DEFORMITY RHEUMATIC FEVER X X X X SWOLLEN OR PAINFUL JOINTS X CHRONIC COUGH X PALPITATION OR POUNDING HEART. X X LOSS OF ARM, LEG, FINGER, OR TOE X PAINFUL OR STRICK'S SHOULDER OR ELBOW COLOR MINIONESSE 🝍 HIGH OR LOW BLOOD'PRESSURE" X X CRANIPS IN YOUR LEGS RECURRENT BACK PAIN FREQUENT OR SEVERE HEADACHE X "TRICK" OR LOCKED KHEE FREQUENT INDIGESTION DIZZINESS OR FAINTING SPELLS X X X STOMACH, LIVER, OR INTESTINAL TROUBLE FOOT TROUBLE x EYE TROUBLE X X X EAR, NOSE, OR THROAT TROUBLE X GALL BLADOER TROUBLE OR GALLSTONES X NEURITIS X JAUNDICE PARALYSIS (Inc. infantile) X RUNNING EARS x ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE X X EPILEPSY OR FITS HEARING LOSS X CAR, TRAIN, SEA, OR AIR SICKNESS X CHRONIC OR FREQUENT COLDS X BROKEN BOKES X SEVERE TOOTH OR GUM TROUBLE X TUMOR, GROWTH, CYST, OR CANCER X FREQUENT TROUBLE SLEEPING SITIZUXIZ X RUPTURE/HERNIA X FREQUENT OR TERRIFYING NIGHTMARES X APPENDICITIS x DEPRESSION OR EXCESSIVE WORRY X HAY FEYER x LOSS OF MEMORY OR AMNESIA HEAD INJURY X PILES OR RECTAL DISEASE X FREQUENT OR PAINFUL URINATION KERYOUS TROUBLE OF ANY SORT SKIN DISEASES X X X KIDNEY STONE OR GLOOD IN FEIT X GOLTER  $\mathbf{x}$  $\mathbf{x}$ ANY DRUG OR MARCOTIC HABIT X **TUBERCULOSIS** X SUGAR OR ALBUMIN IN URINE X EXCESSIVE DRINKING HABIT X SOAXING SWEATS (Night sweats) X PERIODS OF UNCONSCIOUSNESS 18. HOW MANY JOBS HAVE YOU HAD IN THE 19. WHAT IS THE LONGEST PERIOD YOU 20. WHAT IS YOUR USUAL OCCUPATION? 21 ALE YOU (Check one) HELD ANY OF THESE JOBS 28 yrs. PAST THREE YEARS? RIGHT HANDED LEFT HANDED

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res	, NO		S OR NO. EVERY ITEM CHECKED YES, MUST BE FULLY, EXPLAINED IN BUT N RIGHT
	-	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
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	$\mathbf{x}^{\star}$	C. INABILITY TO ASSUME CERTAIN POSITIONS	ng nga
1	. <b>X</b> . 3	D. OTHER MEDICAL REASONS (If yes, give) reasons);	
		232 HAVE YOUTEVER WORKED WITH RADIOACTIVE SUBSTANCE? 125	* *
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-	<del>, , , .</del> х	24. WAYE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes; "" state reason and give details)	
		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE,	25. Appendectomy (1920) age 3; Tonsillectomy,
		ANY OPERATIONS? (If yes, describe and give age at which occurred)	age 18; Hemorrhoidectomy, age 20; Ruptured
		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL?	disc are 43
		(If yes, specify when, where, why, and name of doctor and complete address of	1
		hospital)	26. Broken leg, Missouri Methodist Hospital, St.
$\neg$		27. HAVE YOU EYER HAD ANY ILLNESS OR INJURY OTHER THAN	Joseph, Missouri, age 3.
1	x	THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	Tonsillectomy, Missouri Method Hospital, St
$\dashv$		28. HAYE YOU CONSULTED OR BEEN TREATED BY CLINICS.	
		PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN	Joseph, Missouri, age 18
- 1		THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES?  (If yes, give complete address of doctor,	Hemorrhoidectomy, Presbyterian Hospital,
I		hospital, clinic, and details)	Chicago, Illinois, age 20.
-		29, HAYE YOU EVER BEEN- REJECTED FOR MILITARY SERVICE	U.S. Naval Hospital, Bethesda, Md. ruptured of
1		BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS?	1960, Proctology consult-sigmoidoscope Ma
- 1	x	(If yes, give date and reason for rejection)	and Sept. 1964, small polyp removed from
	<del></del>		
-		30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (IF.	rectum March, 1964; Family Doctor
		yes, give date, reason, and type of dis- charge: whether honorable, other than,	
	x	honorable; for unfitness or unsuitability)	Md minor colds
	<u> </u>	a ser or or or	b6
		31. HAVE YOU EYER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXIST-	<b>28.</b> - See 26
-		ING DISABILITY? (If yes, specify what kind,	
	÷	granted by whom, and what amount, when, why)	
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		REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT II	
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HAXO	O THE DO	OCTOR OR NURSE, OR IF MAILED MARK ENVELOPED TO BE OPENED BY M	DICAL OFFICER ONLY.
			ball comment on all positive answers in items, 15 through 31. Physician may develop by

SIGNATURE

TYPED OR PRINTED NAME, OF PHYSICIAN OR EXAMINER

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NUMBER OF ATTACHED SHEETS

T PRINTING OFFICE : 1968 0-307-584



# REPORT OF MEDICAL HISTORY U.S. Civil Service Employees and Applicants



This information is for official and medically-confidential use only and will not be released to unauthorized

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14. STATE	MENT OF	XAMINEE'S PRE	SENT HEALTH AND MEDICATIONS CURRENTL	r USED <i>( I</i>	ollow b	y descriptio	on of pas	t bistor	y, if compla	int exist	s)		
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	1	ļ	EYE TROUBLE	<u> </u>	1	<u>                                     </u>	STOMACH, OR INTESTI	MAL TROUI	ILE .		1		FOOT TROUBLE
	1	<b></b>	EAR, NOSE, OR THROAT TROUBLE		1	<u> </u>	GALL BLADO	ER TROUBLE	OR GALLSTONES		U	[]	NEURITIS
	<i>\\</i>		RUNNING EARS		1	<u>  </u>	JAUNDICE				V		PARALYSIS (Inc. infantile)
	1		HEARING LOSS	1		-	DRUG, OR	MEDICINE .	TO SERUM,		2		EPILEPSY OR FITS
	V		CHRONIC OR FREQUENT COLDS	1			BROKEN BOX	KES			C		CAR, TRAIN, SEA, OR AIR SICKNESS
	~		SEVERE TOOTH OR GUM TROUBLE	~	•				t, or cancer	<u> </u>	1	<i>=</i>	FREQUENT TROUBLE SLEEPING
	1	]	SIKUSITIS		~		RUPTURE/H	ERNIA			1		FREQUENT OR TERRIFYING NIGHTMARES
	~		HAY FEVER .	1			APPROICITI	is '			L		DEPRESSION OR EXCESSIVE WORRY
	~		HEAD INJURY	V			PILES OR RI	ECTAL DISEA	SE		V	1	LOSS OF MEMORY OR AMMESIA
		-	SKIN DISEASES		-		FREQUENT O	R PAINFUL	URINATION		~		NERYOUS TROUBLE OF ANY SORT
	V		GOITER	V			KIDKEY STO	NE OR BLO	DD IN URINE		-		ANY DRUG OR MARCOTIC HABIT
	V		TUBERCULOSIS			1 I	SUGAR OR A	ATBONIN IN	URINE		V		EXCESSIVE DRINKING HABIT
	V	[	SOAKING SWEATS (Night sweats)		V	î i	BOILS				V		PERIODS OF UNCONSCIOUSNESS
		i				<del>                                     </del>				-	<u> </u>	<del>  </del>	
18. HOW	MANY JOBS	HAYE YOU HA	D IN THE 19. WHAT IS I	HE LONGES	PERIOD Y	ou	20.	WHAT IS I	OUR USUAL OCC	UPATION?	L	<del>'</del>	1. ARE YOU (Check one)
	THREE YEAR			OF THESE			]					١.	RIGHT HANDED LEFT HANDED
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Do No. Proceed and Material With Official Pers, and Folder.

"OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

~~~	1	I CONTACT PART THE PER	AANA DIAN WILL GUIDE
YES	NO A	22. HAYE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE	S OR NO. EYERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		TO HOLD A JOB BECAUSE OF:	
	<u> </u>	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
	1	8. INABILITY TO PERFORM CERTAIN MOTIONS	
	V	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	1	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	V	23. HAVE YOU EYER WORKED WITH RADIOACTIVE SUBSTANCE?	
	0	24. HAYE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
/		25. HAYE YOU HAD, OR HAYE YOU BEEN ADYISED TO HAYE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	Piles (1938) Ruptured disc (1960)
/		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)	Appendectorny (1920) Tonsillectorny (1937)  Piles (1938) Ruptured disc (1960)  Yes-seeabove - Appending, Methodist Hosp  st. doseph Mo.; same for Tonsil.; Piles: Presby.  Hospital, Chicago ILL. Disc-Nevel Hospital  Bethesda, Md.  Broken 129, 1919 · Brokenarm - 1927; Broken  Collar Bona tyibs 1939;
		27. HAVE YOU EYER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	Bethesda Md Broken 129 - 1919 : Brokenarm - 1927; Broken
	V	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS. FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, bospital, clinic, and details)	Coller Bone + 41 bs 1939;
	1	29, HAYE YOU EYER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejec- tion)	
	/	30. HAYE YOU EYER BEEN DISCHARGED FROM MILITARY SERVICE BECLUSE OF PAYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	/	31. HAVE YOU EYER RECEIVED, IS THERE PENDING, OR HAYE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	ega. At a s

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

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32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall of	comment on all positive answers in items 15 through 31. Physician may develop by
interview any additional medical history he deems important, and	record any significant findings here.)
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Standard Form 520 520-104

(Attach tracings to S. F. 507)

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Standard Form 520 Rev. August 1954 Bureau of the Budget Circular A-32 PREVIOUS ECG CLINICAL RECORD **ELECTROCARDIOGRAPHIC RECORD** YES Ом 🔲 TLINICAL IMPRESSION MEDICATION ■ EMERGENCY BEDSIDE ROUTINE AMBULANT AGE SEX 6/5/62 1115 RACE HEIGHT WEIGHT B. P. SIGNATURE OF WARD PHYSICIAN 45 M 5-9 164 RHYTHM AXIS DEVIATION (QRS) RATES Normal sinus rhythm plus 30 degrees 72 AURIC. VENT. INTERVALS P WĄVES Normal .12 .06 .32 PR QT QRS COMPLÊXES Normal RS-T SEGMENT T WAVES Normal Normal UNIPOLAR EXTREMITY LEADS (Specify) PRECORDIAL LEADS (Specify) SUMMARY, SERIAL CHANGES, AND IMPLICATIONS: 1.) WITHIN NORMAL LIMITS b6 b7C gn reverse) NO. TITLE SIGNATURE DATE EC93833 LT. MC\_USN PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility) REGISTER NO. STAFF\_CLINIC ELECTROCARDIOGRAPHIC RECORD Standard Form 520 BLAND JAMES F. FBI 520-104

USNH NNMC BETHESDA MD.

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(Attach tracings to S. F. 507)

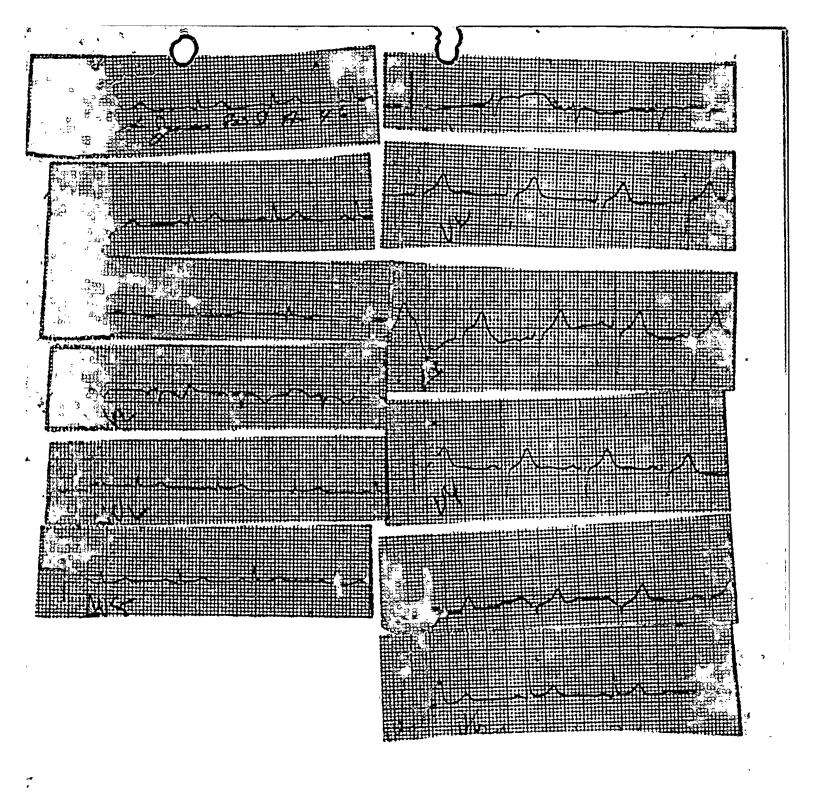
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ELECTROCARDIOGRAPHIC RECORD Standard Form 829 (Attach tracings to S. P. 507)

5. 嘴連"



Nazio 3 BLANO JAMES F.



January 4, 1973

PERSONAL

Mr. James F. Bland Federal Eureau of Investigation Washington, D. C.

WS GIT AP

Dear Jim:

I have your letter of January 2, 1973, concerning retirement, and am sorry that you will soon be leaving.

Throughout more than thirty years of service to the FBI, you have made many significant contributions and I want to take this opportunity to thank you for your loyal and devoted help. The fine record you have established is one of which you can certainly be proud. I am pleased that you have MAILED BJOyed your association with the Bureau.

JAN5 1973

b6 b7C

Felt.

Baker . Cállahan

Conrad Dalbey

Gebhardt Jenkins

Marshall Miller, E.S

Purvis Soyara Walters Tele. Room Mr. Kinley Mr. Armstrong\_ Ms. Herwig .

Mrs. Neenan.

Cleveland

Your offer to be of future assistance is apprestated, and it is my hope that the future will be filled with happiness for Mrs. Bland and you.

S/cmk*cnts* (8)

Sincerely Pátrick Gray III

·		-		
Mr. (P	ersonal Attention)	(Enclosure)	There is atta	ched a copy of
Form 3-496 for yo				
Personnel Section	and provided with	pertinent re	tirement infor	mation,
1 - Miss	]		1	1/3

1 - Data Processing Section (Sent Direct)

1 - Miss (Last physical on 2-3-72)

F-SA Bland's cease active duty date is 1-26-73. EOD 8-25-41, SA. 1 - Mr. l Place on Special Correspondents' List as his services are satisfactory.

Forwarding address: 4310 Rosedale Avenue, Bethesda, Maryland 20014. PRICLOSURU

NOTE: SA Bland is qualified by age and service for retirement under liberalized provisions of the Civil Service Retirement Act. He is assigned as an Inspector, Mr. Gray's Office, in GS-17, \$36,000 per annum.

2.CC

Mailing List

TELETYPE UNIT [

Nar	o ferred:		Bland	Q	RETIRE	MENT INF	ORMATION .	Ote:	1-4-73	
	The enclosed	Applica varding t	uon for Re o the Civil	tirement Service	' should l Commiss	oe executed (or ion (CSC) for a	changed as in	dicated helov	ssion (CSC) for a w) and promptly n heet attached to	raturmad ta tha
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ımm	ediately follow ned through	ing the f	73	Item	ty date or B2 on apr	expiration cl	anged to sl	rued annual. I hould be cha	nged to close of	business
this med	may change the	e effecti	ve date of	annual l your reti	eave.or si	ick leave was id shorten you	or will be used total length of	by you subs service. Bu	equent to reau should be a	dvised im-
	If retirement is tion of any acc disability inco you receive for annuitant. Any income tax-free	for disacrued sic me is no sick les such ex until ye	bility, sep k leave, w t taxable; ave used p emption w ou had draw	hicheyer thus, you rior to th ould term vn as an	occurs la may be a e date yo inate whe nuity an a	ter. Under Intable to exclude ur annuity come nyou reach no	ernal Revenue from Federal i menced, as wel ormal retirement	Service regul income tax li Il as for annu t age. Therea	ity received as a	k pay and art of the payments a disability would be Federal
(X)	much was dedu thirty calendar Questions you	not for rom you cted. O days pr may hav	disability, salary for nly if you ior to sepa e as an an	the "sic retireme were incoration for unitant re	k pay" ex ent purpos apacitated r retireme egarding	es, you are su I and were gra nt might you q your income ta	bject to Federa ited extended s ualify for a "sid v liability or pr	il-Income Ta lick and/or a ck pay" excl ivileges can	nnual leave for susion for the leave	ick leave exceeding ve period.
,	assistance to s to surviving sp	e. Inter ou. Not ouse. Ir	nal Reveni e: You are the usual	require case it	cation. Co d to file a is unlikel	omprehensive: T Federal gift t y any tax will	Cax Guide to U. ax return. Form	S. Civil Serv 709, if you ovever, a tax	vice Retirement E elect a reduced a return must be fil	Benefits, may be of
ਤੀ ਹ	Following your amount of \$	separati	on date, yo	ou will re	eceive a leduction f	ump-sum paym or Federal inco	ent for your accome tax has been	cumulated an en made from	ment) number. nual leave in the this estimate.	approximate

0486-281 3/ensh

Records she Records she Records she You may contin being required to premium for a p SF-56, "Agency Regular Insuran reduced 75% (at remainder of life Thereafter, it is Insurance. The to \$41.17 month age 65 provided your annuity. Y or for 12 years eligible to cont CSC and still k dismemberment You elected to convert t an individua Note: If the ann life insur DESIGNATION No. Benefic Yes; benefi	CLOYEES' GROUP LIF by you elected Optional by you declined Optional by you waived both Reg ue your group life insur- to undergo a physical ex- erson of your age and cl Certification of Insuran- ce coverage, such prote. 2% per month) by the ti- e. Optional Insurance of s cost free for the remai- premium cost of Optional ly for persons age 60 or you keep Regular Insur- ou must have had Optional inue it or, if you do not eep your Regular Insurance on he Optional Insurance on he Optional Insurance, and policy and wish to be unity of an insured retir- cance coverage stops on OF BENEFICIARY, ST iary will be in order of ciary designated as— unition is being forwarder	Insurance of \$10,000 al Insurance but are coular and Optional Insurance coverage following amination. 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In retirement or come to an individual cide to convert, the rwarded to CSC an emium free until your area and 2 months of after retirement, incing at age 65 it is to age. beginning ance may be continued in the continual insurance of your service during the continued ment, double indem Insurance. Sire to waive the insigned statement the continual individual indement, with no continued in the continual individual indement to waive the insigned statement the continual individual indement. See the continual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual indi	nsurance of nvert it to a life insurance Bureau shd a copy ser u reach age. The remains will be reduced at \$2.82 mound after requires nong which it converted to you may won ity benefit surance, you at you want licable law oversion rig (EES' GROI	n individua ce policy rould be im nt to you. 65. At the ining 25% at inll premium ced 75% at inthly for p tirement if action, CS was availe an individaive cover s concerni u should s to conver or regulati	necessitates y mediately ad If you elect to at time cover is also premin to cost until you the same rat tersons under you continue C will deduc cable (first off lual policy if age at any tin ng accidental ubmit SF-176 t the Optiona on, his regula fter. NSURANCE	paying the usual vised. Otherwise, to continue age will be um free for the ou reach age 65. e as Regular age 35 and ranging to pay for it until the cost from ered in (1968) you are not me by notifying death and  If you desire Insurance to ar and/or optional fil. ED:
This design	ation is being forwarded canceled. Contact CSC	d to CSC and it will re	main valid unless	ent.			
FEDERAL EMP	LOYEES HEALTH BEI	NEFITS PROGRAM	d lotto wing jeuten	Cúo.			
Records sho	ow you elected not to en ow you enrolled in the fo	ollowing plan:					
	nent-wide Service Benef nent-wide Indemnity Ben			<b>')</b>			
Comprel	nensive Medical Plan Agents Mutual Benefit	Association (SAMBA)	(See information be	low on SAM	BA Life In	surance)	
Unless you can	cel your present health	benefits enrollment, y	ou will remain unde	r your healt	h benefits	plan after re	tirement, and your
Enrollment of a	be transferred to CSC. n employee who dies wh	ile he is enrolled "for	self and family" o	ontinues for	r his family	y if at least c	one family member
is entitled to an	annuity as the survivol hange the enrollment to	<ul> <li>If the survivor annu</li> </ul>	itant is the only el	igible famil	y member,	the retiremen	it system will
	SF 2810, "Notice of Cha		s Enrollment," will	be forwarde	ed to you b	y the Bureau	at a later date.
or 7-10 coincidi premium for this becomes effecti physical examir life insurance o Your	ASURANCE - The life in ng with or next following coverage is withheld by ve, with a 31-day grace lation on you, your spoun you, your spouse, and	g the date of your reti y payroll allotment, the period. If you desire se, and children under children as follows:	rement providing you life insurance continue the property age 21. You may	ou pay the peases as of otection beyone elect to cor	the date you ond this tinue to a	mi-annually. our separation me, you may ge 70 at grou	However, if n for retirement do so without a p rates 50% of the
Pre-retirement Amount	Amount Continued at Retirement	Semi-Annual Cost	Amo	irement ount	Amount C at Reti		Semi-Annual Cost
\$ 3,000	\$ 1,500	\$ 3.25	Spouse	Child	Spouse	Child	. <del></del>
7,000	3,500	12.25 15.00	\$ 2,00	0 \$1,000	\$1,000	NONE	\$ 2.25
8,000 10,000	4,000 5,000	20.00	4,00	0 3,500	2,000	NONE 1,750	8.00
12,000 15,000	6,000 7,500	25.75 33.50	8,00 10,00		4,000 5,000	1,750 NONE	16.00 20.00
20,000	10,000	48.00	=-,	314810	• •,•••	,	
23,000 30,000	11,500 15,000	58.50 75.00					
35,000	17,500 convert 50% of your pre	87.50	ořta within 31 daye	hafara yayı	• ••••	tarminatas ta	SAMBA Suite 750
1325 G Street.	Northwest, Washington,	D. C. 20005. You ma	ay continue this co	verage until	January 1	0 or July 10 v	which coincides with
or next follows	your attainment of age a	70. You will be billed en convert the amount	on a semi-annuall of life insurance c	y basis on J arried with	anuary 10t SAMBA on	h and July 10 you and your	Jth. At age 70, this spouse to a regular
policy with The	Prudential Insurance C	ompany of America.					
At retirement the	e 50% of SAMBA Life In on and your spouse, but	surance that cannot b	e continued with S	AMBA may l	be converte	ed to a regula	r policy with se applied for an
individual polic	y at that time. You may	y make the necessary	conversion arrange	ment through	the neare	st Prudential	Office.
If you are a mer	IDENT AND TRAVEL I nber of SATI upon retire	ment vou cannot cont	inue the Long Terr	n Disability	(In-Hospit	al Income, Sa	lary Continuation
and Pension Su	pplement). You may con	ntinue the Accidental	Death, Dismembern or may also continu	ent and Per e the covers	manent To age on you	r spouse to a	ge 65 and your
dan and ant shild	lean ta aga 18 (ar 93 if f	ull-time student ) line	on attainment of ag	e oo vou ma	v oniv con	unue uie Acc	ndentai Death
and will be 10	ment but not the Perman per month per thousand	d Linan tha daath at s	en inglirea emplave	e. toe insur	en soouse	and dependen	ic children may con-
Aimera Aleain imare	rance until age 65 or agong to SATI, you should	A IX Tha Aggidant II	MAMMILLERITAN CHIL	ioi, be conti	muen aitei	are oo. II vo	u letile due to dis-
20036.	me m buit, han shand	CONTROL HITTENS WING OF				. ,	
ENCLOSURE	orm 2801, "Application f	or Retirement"					
X Standard You X Pamphlet,	orm 8, "Notice to Federa 'Your Retirement System orm 2801-B, "Physician'	al Exployee About Un a.		nsation"	0		
		,	•				

## ADDITIONAL INFORMATION SUPPORT OF APPLICATION FOR CIVIL SERVICE RETIREMEN

(To be completed by agency employing office and attached to employee's application for retirement)

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

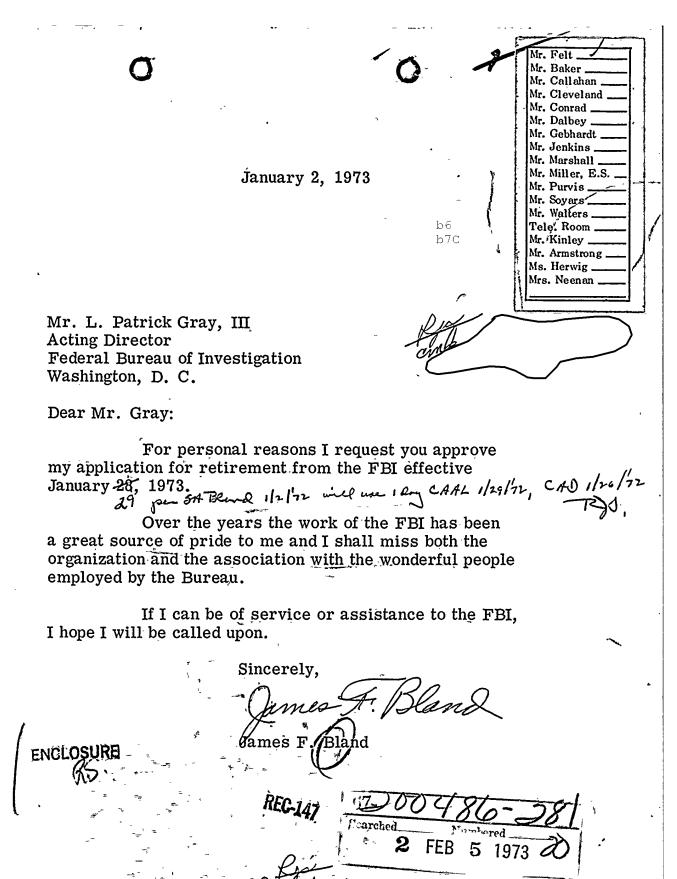
SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

1. NAME OF APPLICANT (Last; First, Middle)  2. DATE OF BIRTH (Month, Day, Year) NUMBER NUMBER								
BLA	ND, JAMES	FIELD			5-6-17		215,44,8102	
	· <u> </u>	B. INFORMATION	CONCERNING A	DDITIONAL CREDIT	ABLE CIVILIAN SI	RVICE, IF ANY		
(Month) (1	1. SERVICE COMPUTATION DATE (Month) (Day) (Year)  8-25-41  2. REVIEW PERSONNEL FOLDER, DOES APPLICANT HAVE CREDITABLE CIVILIAN SERVICE NOT COVERED BY CIVIL SERVICE RETIREMENT CONTRIBUTIONS (Including Federal service covered by social security or another retirement system for Federal or District of Columbia employees)?  YES X NO							
3. IF ANSWER IN ITEM 2 IS YES, COMPLETE SCHEDULE BELOW TO SHOW SERVICE VERIFIED BY OFFICIAL DOCUMENTS IN PERSONNEL FOLDER, INCLUDING THE EFFECTIVE DATE AND RATE OF EACH PAY CHANGE. UNDER "REMARKS" SHOW ANY PERIOD OF LEAVE WITHOUT PAY, TIME ACTUALLY WORKED IF EMPLOYMENT WAS INTERMITTENT, OR TOUR OF DUTY IF EMPLOYMENT WAS PART TIME WITH A REGULAR TOUR OF DUTY.								
IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of prior civilian service is NOT acceptable for retirement purposes. If employee claims civilian service NOT verified by official personnel documents, do not delay submission of application for retirement. Instead, have applicant attach a signed statement to his application, giving dates of claimed service, position titles, location of employment, and agency name including bureau and division.								
EFFECTIVE DATE	ACTION	BASE PAY	FE AC	DERAL GENCY	RETIREMEN (If a		REMARKS	
•		C. INFORMATION CON	CERNING CRED	ITABLE MILITARY S	ERVICE (If claim	ed by applica	int)	
A COPY	CANT CLAIMS RETIF OF OFFICIAL MILITA TION FOR RETIREME	RY DISCHARGE CER	R MILITARY S	TACHED TO		eptable only if	ertificate submitted with application for it shows specific dates of active service	
	N/A (	YES NO	<del> </del>		- <del> </del>			
HONOR.	ABLE MILITARY SERI	/ICE HAVE BEEN VEF	RIFIED IN PERS	SONNEL FOLDER	(Bu prior comp	arison with or	TE, BUT EXACT DATES OF ACTIVE, fficial military discharge certificate) UBMISSION OF APPLICATION FOR TE BELOW.	
	F 144, Statement of Pri ble for retirement purp		filitary Service	e, or comparable doc	ument containing	g applicant's un	verified allegation of military service, is	
FROM	<sub>с</sub> ТО	BRAN	СН	CHARACTER OF	DISCHARGE		TIME LOST, IF ANY	
3. IS APPLI	CANT IN RECEIPT OF ENCL	MILITARY BETIRED F	PAY?	I MILI	TARY SERVICE	FOR CIVIL	MILITARY RETIRED PAY TO CREDIT SERVICE RETIREMENT? (See FPM abchapter S3.5f.)	
	Attach a copy of appl	icant's military retired フーンババ	pay order, <u>if av</u>	- 75	waiver, if	available,	ance center letter to employee accepting	
CSC 1084	No. (Includes cases where waiver unnecessary) 727.422							

ALSO COMPLETE AND CERTIFY OTHER SIDE OF THIS FORM

May 1971

D. TYPE OF IMME	DIATE RETIREMENT
1. AGE • Enter date that notice of mandatory separation wa	s given to employee(Date)
2. OPTIONAL (Voluntary)  • If retirement is under special provision for law enfo	orcement employees, attach agency head's recommendation.
3. DISCONTINUED • Attach certified summary of events leading to sepa	ration and copies of all relevant documents exchanged with employee.
Assault Durglings command CE 2003 Can this forms for	dical documents, according to instructions on SF 2801-C.
	uments to civil service commission office having medical jurisdiction over disability
E. FEDERAL EMPLOYEES GROUP LIFE IN:	SURANCE AND HEALTH BENEFITS STATUS
1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVER 870-1, Life Insurance, subchapter S6, for detailed instructions)	
YES. Enter following information below:	NO. Give reason below:
Eligible to continue regular insurance only.	Less than 12 years service for life insurance purposes and retirement not for disability.
Eligible to continue regular plus optional insurance; continuous optional insurance coverage since:	Waived all life insurance coverage.
2-8-68	Not eligible for life insurance.
(Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage)	Other (specify)
2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH Manual supplement 890-1, health benefits, subchapter S14, for detailed	BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Instructions)
X YES. Enterfollowing information:	NO. Give reason below:
442	Less than 12 years service for health benefits purposes and retirement not for disability.
Enrollment Code Number  3215243	Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less.
Carrier Control Number	Not enrolled for health benefits. Other (specify)
3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and cedures below will be followed in submitting SF 2801, Application for Retiremer propriate box(es) below.	/or health benefits enrollment during retirement, determine which of the two pro- nt. After life insurance and/or health benefits actions have been taken, check ap-
PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT	PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE
SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted after separation for retirement.	"SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval before separation for retirement.
Life insurance documentation	LIFE INSURANCE DOCUMENTATION
Applicant eligible for continued life insurance coverage.  Upon separation attach original copy of SF 56 (Agency Certification of	Applicant eligible for continued life insurance coverage.  Establish follow up to assure that original copy of SF 56 (Agency Certifica-
Insurance Status)  NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder.	tion of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted after separation for retirement.
HEALTH BENEFITS DOCUMENTATION	HEALTH BENEFITS DOCUMENTATION
Applicant eligible for continued health benefits enrollment.  Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.	Applicant eligible for continued health benefits enrollment.  Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to final SF 2806, when submitted after separation for retirement.
F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE	G. AGENCY EMPLOYING OFFICE CERTIFICATION
Verify that life insurance and health benefits status as shown on this form are consistent with payroll records.	I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency.
2. Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record.	SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL
3. Submit SF 2801, Application for Retirement, together with	OFFICIAL TITLE Personnel Officer  1-4-73
certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapte 32.	AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELE-PHONE NUMBER, INCLUDING AREA CODE  FBI 202-324-3887  9th St. & Per Ave., N.W.
	Washington, C. 20535



Fonk

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Q \*\* PEFICE OF ACTING DIRECTOR
FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE MR. CALLAHAN MR. CLEVEL AND. MR, CONRAD. MR. DALBEY MR. GEBHARDT .. MR. JENKINS .. MR. MARSHALL \_ MR. MILLER, E.S. . MR. PURVIS \_ b6 MR. SOYARS. b7C TELE. ROOM \_ MR. KINLEY . MR. ARMSTRONG \_ MS. HERWIG \_ Spproved. ( j... 1-2-73 9:09AM

21 = 2 25

ENCLOSURE 67-200486-281



July 23, 1982

Mr. James F. Bland c/o A. L. Wilding 209 Sheffield Road Williamsburg, Virginia 23185

b6 b7C

Dear Jim:

At the request of Mr. I am enclosing a letter he has addressed to you.

With every good wish,

Sincerely,

Roger S. Young Assistant Director in Charge Office of Congressional and Public Affairs

Rec. Mgnt. . Tech. Servs. Training .

Enclosure

NOTE: First-name salutation per Mr. Young's Office. Address per mailing list. Mr. Bland retired from the Bureau in 1973.

CAM:dae (3)

Exec AD Adm. Exec AD Inv. . Exec AD LES Asst. Dir.: Adm. Servs Crim. Inv. \_ Ident. -Insp. Intell. Lab. \_ Legal Coun. Off. Cong. & Public Affs.

Assistant Director 5/16/78 Administrative Services Division 1 - Mr. Legal Counsel - Mr. - Kr. 1 - Mr. house select committee on Assassinations (reca)

b6

OF

OVER

**b**6

PURPOSE: The purpose of this memorandum is to advise that the bolow listed employees have been released from their employment agreements.

DETAILS: To date, staff attorneys of the NSCA have conducted a number of interviews of Special Agents and former Special Agents in connection with the Committee's investigation into the assassination of Dr. Martin Luther King, Jr. Additional requests for agent interviews have been submitted by letters to the Attorney General from G. Robert Blakey, Chief Counsel and Director, HSCA. These agents, their offices of assignment or last known address, and the date of interview request are as follows:

AGENT 67C	OFFICE OF ASSIGNMENT OR LAST KNOWN ADDRESS	PATE OF REQUEST
Richard E. Long	PRING	4/28/78
(Fórmer)	, Virginia	4/28/78
DOC/TVD/pfm (21)	CONTIN	ved - ove
1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of 1 - Personnel file of	of Cartha D. Boloach of Cartha D. Boloach of Cartha D. Boloach of Cartha D. Baumaardner	
①- Personnel file of a reconnel	of James F. Bland	], , , , , ,

JUL 12 1978



MEMOKANDOM TO THE ASSOCIATE DIRECTOR RE: HOUSE SELECT COMMITTEE ON ASSASSINATIONS (HSCA)

b6 b7C

AGENT	OFFICE OF ASSIGNMENT OR LAST KNOWN ADDRESS	DATE OF REQUEST
(Former)	. Arizona b6	4/28/78
(Former)	Narylnad	4/28/78
(Former)	, Virginia	4/28/78
Cartha D. Deloách b6 b7c	96 Perkins Road Greenwich, Court Count. (914) 253-3027 (w)	4/28/78
(Former)	, Virginia (w)	4/28/78
Robert E. Wick (Former)	1444 Grove Road Charlottesville, Virginia (804) 977-2331	4/28/78
Fred J. Baumgardner (Former)	10008 3rd Street Louisville, Kentucky	4/28/78
Joseph A. Sizoo (Former)	84A Pine Crescent Whispering Pines, North Carolina (919) 949-2922	4/28/78
Charles D. Brennan b6	487 North Owen Alexandria, Virginia 370-3751	4/28/78
James F. Bland (Former)	4310 Rosedale Avenue Bethesda, Maryland OL2-4671	4/28/78
(Former)	, Virginia	4/28/78
Paul L. Cox (Former)	104 Skyline Circle Satellite Beach, Florida (305) 777-0799	4/28/78

MEMORANDUM TO THE ASSISTANT DIRECTOR ADMINISTRATIVE SERVICES DIVISION RE: HOUSE SELECT COMMITTEE ON ASSASSINATIONS (HSCA)

The above agents will be telephonically advised by the Legal Lisison and Congressional Affairs Unit, Legal Counsel Division, and Congressional Inquiry Unit, Records Management Division, of the interest of the Committee and, prior to interview, Legal Counsel representatives will provide these agents with a briefing as to the scope and limitations of the interview.

### RECOMIENDATIONS:

(1) That the Legal Counsel Division make appropriate notification to current employees regarding this matter.

(2) That the Congressional Inquiry Unit, Records Management Division, make appropriate notification to former employees regarding this matter.

September 13, 1976 4 Personnel File Mr. (Attn.: - Mr. - Mr. - Civil Litigation

Mr. James F. Bland 4310 Rosedale Avenue Bethesda, Maryland 20014

> Socialist Workers Party, et al. v. The Attorney General, et al. (U.S.D.C., S.D. New York) Civil Action No. 73 CIV 3160 (TPG)

Dear Mr. Bland:

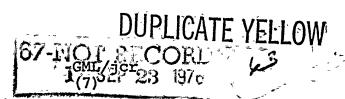
The purpose of this letter is to advise you that plaintiffs in captioned civil action have requested the identities of FBI employees whose names appear on documents revealing FBI break-ins directed against plaintiffs. from 1960 through 1966, and that the United States. Attorney's (USA) Office, Southern District of New York (SDNY), has indicated it will furnish your name in response to this request.

By way of background, the Socialist Workers Party (SWP), its youth group, the Young Socialist Alliance (YSA), and fifteen individual plaintiffs filed a complaint in this civil-action during July, 1973, alleging that defendants have denied them constitutional rights as a political party. They seek money damages as well as broad injunctive relief. Defendants include the Director, FBI, and other governmental officers as well as John F. Malone, former Assistant Director in Charge, New York Office, and Special Agents , presently assigned Nilwaukee Office; and presently assigned

New York Office.

Pursuant to discovery orders, the Department of Justice, via the USA, SDNY, has produced a substantial volume of FBI documents in this civil action. Documents released

See Note Page 4



Mr. James F. Bland

include those which reveal that from 1960 through 1966, the New York Office conducted 93 break-ins against the offices of SWP and YSA in New York City. When the break-in documents were produced, your name was deleted from them.

The USA's Office, SDNY, recently advised that plain-tiffs have requested that they be furnished the identities of FBI personnel whose names appear on the entry documents. After exploring the matter with the Department of Justice, they see no sufficient legal ground for denying this request. Accordingly, information requested will be released to plaintiffs in the near future. AUSA , SDNY, has indicated that plaintiffs attorneys. have stated to him that they will depose certain individuals whose names appear on the documents in an effort toobtain information to prosecute their lawsuit.

In the event your deposition is noticed (you are notified your deposition will be taken) by plaintiffs, you \*may request Departmental representation. The Department has indicated, however, that potential conflicts of interest may preclude it from representing some Bureau personnel in this lawsuit. In such cases, however, the Department indicated that it may retain private counsel to represent the individual. in question.

The Department has indicated that a continuing question is how an Agent or former Agent, who is a defendant in this case or who is scheduled to be deposed, can request outside representation. The Department agrees that it should not require the individual to walve any Fifth Amendment privilege. On the other hand, the Department must have sufficient information from the request to determine if a potential conflict exists and that the retention of private counsel is justified.

b6

Mr. James F. Bland

In balancing these concerns, the Department has indicated that the best course to follow is to require the Agent who desires outside coursel to show in his letter to the Attorney General something along the following lines:

Re: Socialist Workers Party, et al. v.
The Attorney General, et al.
(U.S.D.C., S.D. New York)
Civil Action No. 73 CIV 3160 (TPG)

Dear Mr. Attorney General:

My deposition has been noticed by plaintiffs in this lawsuit. By letter dated September 13, 1976, I was advised by Assistant Director John A. Mintz, Legal Counsel, FBI, that my name is being furnished to plaintiffs in connection with their request for the identities of FBI Agents whose names appear on New York Office documents revealing break-ins against Socialist Workers Party (SWP)/Young Socialist Alliance (YSA) from 1960 through 1966. During the period to I was assigned to FBI Headquarters. I retired from the FBI on \_\_\_\_\_.

I have been advised by the Legal Counsel of the FBI that the Government's interest in defending this action may not permit Departmental attorneys to assert defenses to which I would otherwise be entitled. Accordingly, in order to avoid the potential for conflict, I hereby request the Department to retain private counsel to represent me in my individual capacity for the purposes of this action.

Sincerely yours,

Mr. James F. Bland

In the event your deposition is noticed and you desire to request authority to obtain private counsel at Government expense, address your letter to the Attorney General and forward it to the Director, FBI, Attention: Legal Counsel Division. We will furnish same to the Department.

Sincerely yours,

John A. Mintz Assistant Director - Legal Counsel

NOTE: On 9/10/76, AUSA SDNY, advised that the FBI break-in documents in question reveal that J. F. Bland, FBIHO official, gave oral authorization for the New York Office to conduct SWP/YSA break-ins on three different occasions. Mr. Bland's name is being furnished to plaintiffs pursuant to their discovery requests.

b6

\*.**Q** 

1 - Mr. J. B. Adams

1 - Mr. J. A. Mintz

1 - Mr. W. R. Wannall

The Attorney General

November 5, 1975

1 - Mr. W. O. Cregar

1 - Mr. S. F. Phillips

Director, FBI

U. S. SENATE SELECT COMMITTEE ON INTELLIGENCE ACTIVITIES (SSC)

Enclosed is the original of a memorandum reporting the results of an interview conducted of former FBI Special Agent James F. Bland by SSC Staff Members. A copy of the memorandum is also enclosed for forwarding to Mr. James A. Wilderotter, Associate Counsel to the President.

Enclosures (2)

62-116395

The Deputy Attorney General
Attention: Michael E. Shaheen, Jr.
Special Coinsel for
Intelligence Coordination

1 - 67-

(Personnel file former SA James F. Bland

SFP:mjg (10)

1 - Mr. J. B. Adams

1 - Mr. J. A. Mintz

1 - Mr. W. R. Wannall

1 - Mr. W. O. Cregar

November 5, 1975

1 - Mr. S. F. Phillips

U. S. SENATE SELECT COMMITTEE
TO STUDY GOVERNMENTAL OPERATIONS
WITH RESPECT TO INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER FBI SPECIAL AGENT (SA) JAMES F. BLAND BY SSC STAFF MEMBERS

The following concerns an interview of former FBI SA James F. Bland by SSC Staff Members.

On September 3, 1975, Bland telephonically contacted the Legal Counsel Division of the FBI to advise that he had been contacted by SSC Staff Member, and was requested to make himself available for a Staff interview concerning the history of the Security Index and the FBI's relationship with the Department of Justice concerning this matter. Advised Bland that the SSC Staff had been given a detailed briefing concerning this matter by FBI Assistant Director W. Raymond Wannall of the Intelligence Division.

Bland was advised by the Legal Counsel Division that he had a right to counsel during the interview; however, the Bureau could not provide him with private counsel. He was informed that there were certain areas to which he may properly refuse to answer questions. Those areas concerned:

(1) where responses might tend to identify confidential sources,

(2) information concerning sensitive investigative techniques,

(3) information derived from other Government agencies including foreign intelligence sources, and (4) information, the disclosure of which, could adversely affect ongoing investigations.

Bland was subsequently released from his confidentiality agreement with the FBI for the purpose of the interview.

ORIGINAL AND ONE COPY TO AG

1)- 67- (Personnel file former SA James F. Bland)

SFP:mjg
(9)

62-116395

SEE NOTE PAGE THEE

o6 o7C U. S. Senate Select Committee to Study Governmental Operations With Respect to Intelligence Activities (SSC)

Re: Interview of Former FBI Special Agent (SA)
James F. Bland by SSC Staff Members

On September 18, 1975, SSC Staff Member Michael

Epstein requested of the Legal Counsel Division that Bland be released from his employment agreement with the FBI for a Staff interview which was to be on the topics of the FBI's by investigations of Martin Luther King, Jr.,

Southern Christian Leadership Conference and Communist Influence in the Racial Movement. Based on the foregoing, Bland was subsequently further released from his employment agreement for the anticipated interview covering these additional subject matters.

There follows a statement of Bland voluntarily furnished to the FBI reporting the results of the interview of him.

Interview began approximately 2:00 p.m. and lasted until 4:00 p.m., October 13, 1975. Interview conducted by head of the Domestic Intelligence Task force and asked to sign and did sign a waiver of rights. Asked me my Bureau background, times of assignments and positions.

"Interview concerned Security Indices - primarily the history of Security Index and related matters - Communist Index - Reserve Index - Sections A and B - Detcom and Comsab tabbing etc.

"General information of the mechanics of operation of the Index was furnished within my knowledge: That based on substantive subversive information an investigation was conducted evaluated on a number of levels both in the field and at headquarters and periodically evaluated thereafter; the Department of Justice knowledge - approval - and review; the fact that the Index was an administrative device to efficiently handle matters relating to persons who could be potentially dangerous to the security interests of the U. S. in the event of an emergency.

U. S. Senate Select Committee to Study Governmental Operations With Respect to Intelligence Activities (SSC)

Re: Interview of Former FBI Special Agent (SA)
James F. Bland by SSC Staff Members

"In addition it was clearly pointed out that the facts set forth in the investigative reports stood for themselves - contained no opinion or suppositions and that the fact a person was included on the Index was for administrative uses within the Bureau and the Department of Justice.

"A Committee representative, , had previously indicated a desire to interview me, in addition to the above, concerning the investigation of Martin Luther King, Cominfil of the Civil Rights Movement, SCLC matter, and . At the conclusion of the interview she advised that she had spoken to another representative of the Committee and they did not desire to talk to me regarding these matters at this time."

# NOTE:

Legal Counsel Divisions contacts mentioned herein were through Supervisor Bland's handwritten statement was mailed to the Bureau and has been typed in the form as contained in the LHM.

\*\*\*

1 - Mr. Wannall

1 - Mr. Mintz

1 - Mr. Cregar

1 - Mr. Hotis

1 - Mr

b6 h7c

Legal Counsel

Mr. J. B. Adams

SENSTUDY 75

On 9-18-75 Michael Epstein, Staff Director,
Senate Select Committee, requested James F. Bland and Lawrence T.
Gurley, former Special Agents, be released from existing employment
agreements for a staff interview by the Senate Select Committee. Epstein
stated the topic of the interview would be the Bureau's investigation
concerning Martin Luther King, Stanley David Levison, Southern Christian
Leadership Conference, Communist influence in the racial movement
and civil rights movement.

Bland and Gurley both advised on 9-18-75 that they had been contacted by the Committee and requested to consent to be interviewed by that Committee. Bland, by memorandum dated 9-3-75, was released from existing employment agreement for purposes of an interview concerning the security index by the Senate Select Committee.

# RECOMMENDATION:

That former Special Agents Bland and Gurley be released from existing employment agreements for purposes of the aforementioned interview.

1 - Personnel File James F. Bland 1 - Personnel File Lawrence T. Gurley Mr. J. B. Adams

1 - Mr. Wannall - Mr. Cregar 9/4/75 Hotis

1 - Mr. Mintz

- Mr.

Legal Counsel

SENSTUDY 75

On 9/3/75, James Bland, former Special Agent, telephone number OL2-4671, telephonically advised that he had been contacted by , Senate Select Committee Staff Member, and was requested to make himself available for Staff interview concerning the history of the Security Indices (Index) and the Bureau's relationship to the Department concerning this matter. advised Bland that they had been given a detailed briefing concerning this matter by Assistant Director Wannall of the Intelligence Division. Bland was advised that he had a right to counsel during interview; however, the Bureau could not provide him with private counsel. He was also informed that there were certain areas to which he may properly refuse to answer any questions. Those areas are where responses might tend to identify a confidential source, information concerning sensitive investigative techniques, information derived from other Government agencies, including information from foreign intelligence sources, and any information the disclosure of which could adversely affect ongoing investigations.

Bland advised that he would furnish a written statement of information of this interview to Section Chief William O. Cregar and that should any problem arise as to his being released from his employment agreement he may be reached in Williamsburg, Virginia, at telephone number 804-564-9477.

# RECOMMENDATION:

That former Special Agent Bland be released from existing employment agreement for purposes of the aforementioned interview.

1) - Personnel File - James Bland

PVD: lad (8)

67-NOT RECORD 10 SEP 17 1975

FEDERAL BUREAU: OF INVESTIGATION COMMUNICATIONS SECTION

AUG 27 197

NR JØ7 NF CODE

4:55 PM/URGENT AUGUST 27,

TO DIRECTOR

from Norfolk (62–1057)

SENSTUDY 75.

RE BALTIMORE TELETYPE TO BUREAU .AUGUST 27

ON AUGUST 27, 1975, FORMER FBI EMPLOYEE, JAMES F CONTACTED THROUGH HIS DAUGHTER; WILLIAMSBURG, VIRGINIA; VASCADVISED OF CONTENTS OF REFERENCED TELETYPE.

BLAND STATED HE HAS BEEN IN WILLIAMSBURG, VIRGINIA, TEORE PAST SIX TO EIGHT WEEKS: ASSISTING IN BUILDING COTTAGE WHICH IS FAMILY PROJECT WITH CHILDREN. BLAND STATED THAT WHEN CONTACTED BY SENATE SELECT COMMITTEE (SSC). HE WILL CONTACT BUREAU'S

LEGAL COUNSEL DIVISION. HE HAS NOT BEEN CONTACTED TO DAT

E. N.D

32 SEP 2 1975

OH DXXX HQ DE NF DID YOU JUST RECEIVE OUR NR ØØ7 URGENIZ

Dep.-A.D.-Adm Dep.-A.D.-Inv. Asst. Dir.:: Admin. Comp. Syst. Ext. Affairs Files & Com. Gen. Inv.

Assoc. Dir.

Ident

Laboratory Plan. & Eval Spec. Inv. Training. Legal Count

Telephone Rin. Piregar Secy

STANDARD FORM 56 FEBRUARY 1968 AGENCY CERTIFICATION OF INSURANCE STATUS						
U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT 870-1 56-108 Federal Employees Group Life Insurance Program						
I. NAME (Last) (First) (Middle)	2(a). DATE OF BIRTH (Month, Day, Year)					
BLAND, JAMES F.	5-6-17	215   44   8102				
3. CHECK THE REASON FOR TERMINATING INSURANCE		,				
(a). SEPARATED (c). DIED	12	OTHER (Specify)				
(b). RETIRED  HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY?  YES NO	(d). MONTHS NON-PAY STATUS	(e).				
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY		\$				
(a). CURRENT SF NOT ON FILE WITH AGENCY	H THIS   (c).   THE	URRENT SF 54 IS ON FILE IN EMPLOYEE'S OFFICIAL PERSONNEL ER (OR EQUIVALENT)				
NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL E HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINA IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CAI ATION OF INSURANCE.	L SF 56 AND CHECK BOX 4 (a) ON CASES, SHOW WHETHER OR NOT CUR	ORIGINAL AND ALL COPIES OF SF 56;				
5. DATE OF EVENT CHECKED IN 11EM 3 (MONTH, DAY, YEAR) OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, PIECEWORK, ETC. RATE TO ANNUAL RATE.  2-12-73 \$ 36.000 PER ANNUM	DID EMPLOYEE HAVE OPTIONAL INSURA ON DATE IN 1TEM 57 NO TO YES IF YES, GIVE RECEIPT DATE OF ELECTION OPTIONAL INSURANCE (SF 176 or 176-)	SION PRIVILEGE (SF 55) TO EM- PLOYEE (MONTH, DAY, YEAR)				
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, NAMED WAS COVERED BY FEDERAL EMPLOYEES: GROUP LIFE INSURANCE	AND CORRECTLY REFLECTS. OFFICIAL ON THE-DATE SHOWN IN ITEM 5.	RECORDS AND THAT THE EMPLOYEE				
Brothe Hallen	2-13-73					
(Personal signature of authorized agency official)	•	Date)				
N. P. Callahan (Typed name of authorized agency official)	Assistant Direc					
• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	(Title)				
Federal Bureau of Investigation (Name of ogency)	Washington, D. C. 20535 (Mailing address, including ZIP Code of agency)					
	•					

SEE OTHER SIDE FOR

INSTRUCTIONS TO EMPLOYING AGENCY

## INSTRUCTIONS TO EMPLOYING AGENCY

### COMPLETION OF CERTIFICATION

- 1. This Certification must be completed in triplicate whenever on employee's insurance terminates for:
  - a. Death.
  - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or an account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
  - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation law, and held unable to return to duty.
  - d. Any other reason, if the employee desires to convert his life insurance, except under the following cirsumstances:
    - (1) Employee waived or declined on SF 176 (or SF 176-T);
    - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance;
    - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
- 2.If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF-2801) with the Civil-Service Commission.
- 3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
- It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

### DISPOSITION OF CERTIFICATION

- 1. Death of employee
  - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.
  - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
  - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life
  - d. If the deceased employee has a current Designation of Boneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees' Group Life Insurance.
- 2. Retirement of employee
  - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 to the employee, [NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the "FINAL" Individual Retirement Record (SF 2806). ]
  - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above.

### Illustrative Statement

"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

(Employee's signature)

(Address-print or type)

(Date)

- G. If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
- 3. If employee is receiving compensation benefits
  - a. Before completing item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.
  - b. Have—the—employee complete appropriate box on reverse—side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the U. S.-CIVIU SERVICE COMMISSION, BUREAU OF RETIREMENT AND INSURANCE, WASHINGTON, D. C., 20415, and give duplicate copy of SF 56 to the employee.
  - c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SE 56. Retain SE 54, if any.
- 4. All, other cases-

Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him.

5. In all cases-

Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent.

### PROMPT CERTIFICATION REQU

- The time in which are may convert his group life insurance to on individual policy is limited. This SF 56 must be completed and delivered or mailed to him promptly.

### FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

·U

28	10-1	10

# NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

Part A.—IDENTIFYING DATA							
1, NAME (MIDDLE INIT							
Bland, James F.	5-6-17 3215243 5. PAYROLL OFFICE NO. 6. ENROLLMENT CODE NO.						
4. ADDRESS VICCUO PIG ZIP CODE) 4. ADDRESS VICCUO PIG ZIP CODE)							
Bethesda, Maryland 20014	15-02-0001 442						
Dethesua, marytanu 20014	7. DATE THIS ACTION EECOMES PHECHYE						
	2-12-73						
ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROUMENT IS TO INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TO Part B.—TI	LLMENT. READ THAT ITELL A RESULT LIS FOLLOW AND PERTINENT DEPARTMENT TERMINATION.						
YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM	7 AROVE.						
Took Emocentur Feministres on the State Hy state Hy	TION CO						
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Part C.— CH	IANGE IN PLAN						
YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEE	N TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.						
Part D.—TRANSFER OUT	Part E.—TRANSFER IN						
YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):							
Bureau of Refirement, Insurance; and Occupational Health							
and Occupational Health	YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF						
Civil Service Commission Washington, D. C. 20415	YOUR ENROLLMENT AND WILL CONTINUE IT.						
manington, D. C. actac	-						
Part F.—SUSPENSION	Part G.— REINSTATEMENT						
YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.	YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.						
Part H.— CHANGE I	IN NAME OF ENROLLEE						
THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHAN							
NAME	DATE OF BIRTH SEX MALE						
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE							
Nounces (mecosino zir cost) ir birteneni rhom rani A, i	/ //						
Pert I.— CHANGE IN ENROLLI	MENT - SURVIVOR ANNUITANT						
YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERA SEND YOU A NEW IDENTIFICATION CARD.	GE TO SELF ONLY. YOUR PLAN WILL						
YOUR NEW ENROLLMENT							
CODE NUMBER	•						
(NOTE: THIS ITEM TO BE COMPLE	TED BY RETIREMENT SYSTEMS ONLY)						
Part J.— REMARKS							
Employee annuitant							
improyee annutant ,							
Part K D/	ATE OF NOTICE						
	b6 9_18_79 / N/A						
b7c 2-13-73 //							
FEDERAL BUREAU OF INVESTIGATION (37)	^ / / / / /						
WASHINGTONAN C # 20538	ADDRESS (INCHIDING TIP CORE)						

Standard Form No. 2810 April 1969 FPM Suchlement 690-1

PM Chap. 295		OF PERSONNEL ACTIO	'' <b>\</b>	
(FOR AGENCY USE)		P*	-	
NAME (CAPS) LAST-FIRST-MIDDLE	MRMISS-MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year)	4. SOCIAL SECURITY NO.
BLAND, JAMES F.	(MR.)	, h <sub>a</sub>	5-6-17	215-44-8102
VETERAN PREFERENCE  1-NO 3-10 PT, DISAB, 4-10 PT, COMP,	5-10 PT. OTHER	6. TENURE GROUP'	7. SERVICE COMP. DAT	
FEGLI 1-COVERED (tegular only-declined Optional) 2-INELIGIBLE 3-WAIVED 4-COVERED		10. RETIREMENT	-FS 5-OTHER	11, (FOR CSC USE)
CODE NATURE OF ACTION	-2 <b>n</b>	13. EFFECTIVE DATE (Mo., Day, Year)	14. CIVIL SERVICE OR C	THER LEGAL AUTHORITY
RETIREMENT (20 YEAR)	* <u>.</u>	cb 2-12-73		
5. FROM: POSITION TITLE AND NUMBER		16. PAY PLAN AND OCCUPATION CODE	17. (a) GRADE (b) STEI OR OR LEVEL RATI	1 '
Inspector	\$ - 	GS		'
9. NAME AND LOCATION OF EMPLOYING OFFICE	_ <b>15</b> 0		17 5	\$36,000 pa
. TO: POSITION TITLE AND NUMBER	E	21: PAY PLAN AND OCCUPATION CODE	22. (a) GRADE (b) STE OR OR LEVEL RATI	1
5. DUTY STATION (City-county-State)			<del></del>	26, LOCATION CODE
7. APPROPRIATION		28, POSITION OCCUPIED  J-COMPETITIVE SERVICE	29. APPORTIONED POS	TION STATE +
S. & E., FBI	- <b>.</b>	2 Z-EXCEPTED SERVICE	1-PROVED-1 2-WAIVED-2	,
ARATIONS: SHOW REASONS BELOW, AS REQUIRED. C	rd career (or permanent) theck if applicable:  ntarily reti	c. DURING PROBATION red with date	of final	separation
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retirement of 1-29- rvice Retirement Act. menced 1-30-73 to 2- ployee stated he was rwarding-Address: 67-NOT RHEOBE mp-sum payment to cove	Annuity pa 12-73. retiring for 10-Rosedale thesda, Hary or 492 hours	personal rea Avenue land 20014	active to 1	-30-73. LWOP TRESIGN
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17

# MEDICAL REPORTS Personnel File of: Bland, James F. Personnel File No.



7/4

OF RECORDS -9 FEB 2 1973

ENCLOSURE

# REPORT OF MEDICAL HISTORY

**U.S. Civil Service Employees and Applicant** 



to unauthorized persons. This information is for official and medically-confidential use only and will not be released 1. LAST NAME-FIRST NAME-MIDDLE NAME 2. TITLE OF POSITION 3. SOCIAL SECURITY NUMBER Inspector Bland James 21514418102 4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) Annual 1-17-73 7. SEX 8. TOTAL YEARS GOVERNMENT SERVICE 10. ORGANIZATION UNIT FBI Male MILITARY CMITTAL 11. DATE OF BIRTH 12. PLACE OF BIRTH 13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) Gower, Missouri STATEMENT OF ELAMINEE'S PRESENT NEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past bistory, if complaint exists) Good 15. 00 YOU (Please check at left of each item): 16. HAYE YOU EYER (Please check at left of each item): · (Check each item) (Check each item) YES YES WEAR GLASSES OR CONTACT LENSES LIYED WITH ANYONE WHO HAD TUBERCULOSIS HAVE VISION IN BOTH EYES COUGHED UP BLOOD WEAR A HEARING AID BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION STUTTER OR STAMMER HABITUALLY WEAR A BRACE OR BACK SUPPORT 17. HAYE YOU EVER HAD OR HAYE YOU NOW (Please check at left of each item): WORD THOO ŘO, (Check each item) NO DON'T KNOW (Check each item) KO DON'T KNOW (Check each item) SCARLET FEYER, ERYSIPELAS ASTRMA RECENT GAIN OR LOSS OF WEIGHT J DIPHTHERIA SHORTNESS OF BREATH ARTHRITIS OR RHEUMATISM RHEUMATIC FEYER PAIN OR PRESSURE IN CHEST BONE, JOINT, OR OTHER DEFORMITY SWOLLEN OR PAINFUL JOINTS CHRONIC COUGH LAMENESS -PAIPITATION OR POUNDING HEART MUMPS LOSS OF ARM, LEG, FINGER, OR TOE COLOR BLINDNESS HIGH OR LOW BLOOD PRESSURE PAINFUL OR "TRICK" SHOULDER OR ELBOW FREQUENT OR SEVERE HEADACHE CRAMPS IN YOUR LEGS RECURRENT BACK PAIN DIZZINESS OR FAINTING SPELLS ROTTZ SZECKE TWO SESTION "TRICK" OR LOCKED KHEE STOMACH, LIVER, OR INTESTINAL TROUBLE 1/ EYE TROUBLE FOOT TROUBLE EAR, NOSE, OR THROAT TROUBLE GALL BLADDER TROUBLE OR GALLSTONES MEURITIS T RUNNING EARS PARALYSIS (Inc. infantile) L ANY ADVERSE MEACTION TO SERUM. W HEARING LOSS EPILEPSY OR FITS

BROKEN BONES pool

RUPTURE/HERRIA

BOILS

APPENDICITIS CL

TUMOR, GROWTH, CYST, OR CANCER

PILES OR RECTAL DISEASE 173

FREQUENT OR PAINFUL URINATION

KIDNEY STONE OR TLOOD IN URINE

20. WHAT IS YOUR USUAL OCCUPATION?

SUGAR OR ALBUMIN IN URINE

WHAT IS THE EUROCCI TENTE HELD ANY OF THESE JOBS? Do Not Transmit Enclosed Material With Official Personnel Folder.

19. WHAT IS THE LONGEST PERIOD YOU

-

CHRONIC OR FREQUENT COLDS

SIXUSITIS

HAY FEVER

HEAD INJURY

SKIN DISEASES

TUBERCULOSIS

GOITER

L

ũ

18. HOW MANY JOBS HAVE YOU HAD IN THE

PAST THREE-YEARS?"

SEYERE TOOTH OR GUM TROUBLE

SOAKING SWEATS (Night sweats)

OPTIONAL FORM 58 MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

EIGHT HANDED LEFT HANDED

CAR, TRAIN, SEA, OR AIR SICONESS

FREQUENT OR TERRIFYING NIGHTMARES

DEPRESSION OR EXCESSIVE WORRY

LOSS OF MEMORY OR AMMESIA

KERYOUS TROUBLE OF ANY SORT

ANY DRUG OR NARCOTIC HABIT

PERIODS OF UNCONSCIOUSNESS

EXCESSIVE DRINKING HABIT

21. ALL YOU (Check one)

FREQUENT TROUBLE SLEEPING

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YES	NO	CHECK EACH ITEM YE	OR NO. EYERY ITEM CHECKED YES , MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
-	·	22. HAYE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	25. Appendectomy- (920; themroidectomy 1938) Ruptured disc removed 1960; Rectal polypromoved 1965?
		B. INABILITY TO PERFORM CERTAIN MOTIONS	Ruptured disc removed 1200, notify
	V	C. INABILITY TO ASSUME CERTAIN POSITIONS	removed 1965 (?).
	1	D. OTHER MEDICAL REASONS (If yes, give reasons)	a vo les 1920 Brook
	-	23. HAYE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?	26. See above - Broken leg 1920; Broken Collabore of shoulder blade 1939.
	V	24. HAYE YOU EYER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	a c theitis in Left showing
<u></u>		25. HAYE YOU HAD, OR HAYE YOU BEEN ADYISED TO HAYE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	check-ragoiter (tight-feeling in throat)
/		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)	28. Recommended in past physicals at
<u>~</u>		27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	noval Hospital that have sannual
/		28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)	28. Recommended in past physicals at Noval Hospital that have sannual rectal examination. Has been done annually.
	V	29. HAVE YOU EVER BEEN- REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
	V	30. HAVE YOU EYER BEEN DISCHARGED FROM MILITARY SERVKE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	~	31. HAYE YOU EYER RECEIVED, IS THERE PENDING, OR HAYE YOU APPLIED FOR PENSION OR CONFERSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	
I CERTIFY TO	LAT I HAYE	REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT	IS TRUE AND COMPLETE TO THE BEST OF MY INNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE O
James F. Bland	James G. Bland
NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."	· 1

32. PHYSICIAN'S SUMMARY AND ELALORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

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TYPED OR PRINTED N	IAME OF PHYSICIAN OR EXAMINER	DATE	SIGNA	$\sim$		1	4	NUMBER OF ATTACHED SHEETS
· · · · · · · · · · · · · · · · · · ·	<del></del>	 1) Jan	/31_/			200		<u> </u>
•	• •	0	* ( <i>/</i>		_ <b>_</b> ^^v	ERNMÊŅŢ PRINT	ING OFFI	CE : 1968 OF-300-463 (44-H)

